

Registration Form
Positive Solutions LLC

All information is strictly confidential

Date	
First Name	
Last Name	
Sex	
Age	
Date of Birth	
Occupation	
Cell phone	
Email	
Emergency Contact	Name Relationship Contact Number
General Practitioner	Name Phone
Are you currently receiving any treatment from a Doctor or Practitioner? If yes, please provide brief details:	
Are you currently taking any medication? If yes, please list all:	
Please give a brief background of your current concern:	
What do you wish to receive from your session?	

Circle all that apply:		
Achieving goals	Exam Stress	Public Speaking
Addictions	Eating Disorders	Relaxation
Anxiety	Fears	Self Esteem
Career	Fertility	Sexual Problems
Childhood problems	Gambling	Sleep Problems
Concentration	Guilt	Skin Complaints
Confidence	Motivation	Smoking
Compulsive Behaviour	Memory	Stress
Depression	Pain Control	Relationships
Drinking	Panic	Weight Issues
Drugs	Phobias	

DISCLAIMER

People with Epilepsy or any person diagnosed as having a psychotic illness should not enter hypnosis. Under no circumstances, including but not limited to, negligence shall Pasitive Solutions, LLC and Melissa Pas Blake, be liable for any special or consequential damages in any way whatsoever now or in the future that result from the use of or the inability to use hypnosis, advanced hypnotic techniques, hypnotherapy or any other therapies. The information, techniques, methods and recommendations by Pasitive Solutions, LLC and Melissa Pas Blake are not intended to substitute for the diagnosis and care of a qualified doctor nor to encourage the treatment of illness by persons not recognisably qualified. If you use hypnosis and are under medical care for any condition, do not make any adjustments to any prescribed medication without the approval of your doctor. If in any doubt, you should seek medical advice.

Pasitive Solutions, LLC and Melissa Pas Blake, have taken due care and attention with the information provided at this therapy session and information is given in good faith. The information given is not intended to constitute medical advice.

Pasitive Solutions, LLC, and Melissa Pas Blake, does not accept responsibility for any loss, damage or expense resulting from the use of information provided. You agree to indemnify and hold us harmless by signing and agreeing to these conditions.

Pasitive Solutions, LLC and Melissa Pas Blake, carry full professional indemnity and public liability insurance.

DECLARATION

The information I have given here is to the best of my knowledge, full and correct. I undertake therapy on the understanding that it is a collaborative process, and that progress depends in part upon my own motivation and participation.

I accept that all appointments not cancelled with 48 hours will be charged in full.

Signature:

Date:

melissa@pasitive.solutions

Pasitive.Solutions

847-807-6010

Zoom : 707-777-1284