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Hypnotherapy Now

Registration Form - VGB

N.B All your information will be held in the strictest of confidence!

FULL NAME:

ADDRESS:

POSTCODE: TEL:

EMAIL:

ARE YOU TAKING ANY MEDICATION? IF SO, WHAT?

HAVE YOU ANY HEALTH PROBLEMS?

DO YOU SUFFER FROM DEPRESSION?

DO YOU SUFFER FROM STRESS OR ANXIETY?

DO YOU SUFFER FROM I.B.S?

DO YOU HAVE ANY PHOBIAS?

DO YOU SMOKE?

I understand that there are no guarantees of weight loss however I will follow the rules of the virtual gastric band therapy and give myself every chance of success.

Signature:

Date: