

Allow Your Well-being Group Practice LLC  
1232 E. Wardlow Rd.  
Long Beach, CA 90807  
909-241-8790

APPLICATION, PERSONAL DATA RECORD

To: \_\_\_\_\_  
Psychotherapist/Hypnotherapist Name

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_ Partner Status: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Partner's Occupation: \_\_\_\_\_

Name and Phone Number of Close Friend or Relative to Contact in an Emergency:

Name	Relationship to You	Phone
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How did you hear about my services?

Have you ever had therapy before? \_\_\_\_\_

If yes, please share time frames, type (individual, couple's...) reason for starting and ending, as well as outcome summary.

Please list what you wish to accomplish through the use of Allow Your Well-being's services.