

Bend Hypnobirthing Enrollment Form

Date of sessions: _____

Estimated Due Date: _____

Expectant Mom's Information

Name: _____

Address: _____

Phone: _____

Email: _____

Birth Partner or Support Person Information (if applicable)

Name: _____

Phone: _____

Email: _____

Where did you learn about Hypnobirthing and Bend Hypnobirthing? _____

What do you hope to gain from Hypnobirthing? _____

Anything else you think I should know: _____

Your **Privacy** is important to me. The information on this form is taken for the following purposes:

- Tailoring content to your situation
- Communicating with you out of sessions

Your information will be held safely, confidentially and not shared with anyone else. I am required to allow you to view your information at anytime.

Please read and initial:

_____ I consent to Bend Hypnobirthing contacting me by phone/email/mail

_____ (Optional) I consent to Bend Hypnobirthing using photos of me/my feedback on social media/website/course content.

Please be aware that the content of these classes is in no way intended to be represented as medical advice. You should seek the advice of your health professionals to answer any health related issues, questions or concerns that you may have surrounding your pregnancy, your labor or the birth of your baby. Please understand that while Breanna Davis, CNM and Christina Echternach, CNM are both midwives, we are operating as Hypnobirthing instructors and not Certified Nurse Midwives in the realm of this course; any information received should not be taken as medical advice.

Signature

Date