

# HypnoBirthing®

Please complete both sides of this enrollment form. Return the completed form with your \$325 payment to  
Stress Management Resources, 4477 Jett Road NW, Atlanta, GA 30327-3563

**COURSE DATES:** \_\_\_\_\_ **LOCATION:** 4477 Jett Road NW, Atlanta, GA 30327

**YOUR NAME** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**NICKNAME** \_\_\_\_\_ **MAIDEN NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

(City/State/Zip Code) \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**EMAIL (hers)** \_\_\_\_\_ **EMAIL (ptnr)** \_\_\_\_\_

**PHONE: (hers) Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

(ptnr) Cell \_\_\_\_\_ **Work** \_\_\_\_\_

(Hers) **OCCUPATION** \_\_\_\_\_ **EDUCATION LEVEL** \_\_\_\_\_

(Ptnr) **OCCUPATION** \_\_\_\_\_ **EDUCATION LEVEL** \_\_\_\_\_

**DUE DATE** \_\_\_\_\_ **BABY'S GENDER:** \_\_\_ Male \_\_\_ Female \_\_\_ Unknown

**HOW MANY CHILDREN HAVE YOU BIRTHED PREVIOUSLY?** \_\_\_ 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4

**MD/MIDWIFE** \_\_\_\_\_ **GROUP PRACTICE NAME** \_\_\_\_\_

**HOSPITAL WHERE YOU PLAN TO BIRTH** \_\_\_\_\_

**BABY'S FATHER'S NAME** \_\_\_\_\_ **NICKNAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**NAME OF BIRTH COMPANION (if not the father)** \_\_\_\_\_ **AGE** \_\_\_\_\_

**RELATIONSHIP TO YOU** \_\_\_\_\_ **PHONES** \_\_\_\_\_

**OTHER CHILDBIRTH CLASSES?** Yes \_\_\_ No \_\_\_ **WHEN?** \_\_\_\_\_

**SPONSOR?** \_\_\_\_\_

**HOW DID YOU LEARN OF THIS HYPNOBIRTHING PROGRAM?** (please be as specific as possible)

\_\_\_\_\_

**ARE YOU USING A DOULA?** Yes \_\_\_ No \_\_\_ I don't know what a doula is! \_\_\_

**NAME OF DOULA** \_\_\_\_\_

**HOW DID YOU FIND THIS DOULA?** \_\_\_\_\_

*Questions? Don't hesitate to call! 404-843-9997*

## *Enrollment Agreement*

The *HypnoBirthing*® Institute may contact you for quality assurance and research purposes. If you consent to be contacted now, please note that you are free to change your mind at any time. Be assured that we will not share your personal identifying information with anyone outside the *HypnoBirthing*® Institute for any purpose. Thank you for your help in collecting data to support the growth of *HypnoBirthing*®.

I do \_\_\_\_\_ I do not \_\_\_\_\_ agree to be contacted by the *HypnoBirthing*® Institute.

I hereby state that I am enrolling in the *HypnoBirthing*® class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and my body into a state of relaxation. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription for medical procedure. I am aware that I should seek the advice of a health care provider to answer any health-related or pregnancy-related issues surrounding my pregnancy, my labor, or my delivery.

I, therefore, agree that I will in no way hold the instructor of the *HypnoBirthing*® classes, or the *HypnoBirthing*® Institute, its owner or its representatives, responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the delivery of my child; and I agree that neither I nor any member of my family will make any claim or initiate any suit against any of the above-named parties now or at any time in the future.

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Mother

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Birthing Companion

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Date