**Georgia Hypnosis Society**
**Web Site Referral Information**

Name: _____
Address: _____
_____
City: _____ State: ____ Zip Code: _____
Phone: (_____) _____-_____ Ext: _____
E-mail: _____
(Please print *very* carefully)

Web site: **www.**_____._____

2nd office information:
Address: _____
_____
City: _____ State: ____ Zip Code: _____
Phone: (_____) _____-_____ Ext: _____

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Ages served:
[ ] preschool
[ ] children
[ ] teenagers
[ ] adults
[ ] geriatric

Therapy with:
[ ] individual
[ ] couples
[ ] families
[ ] groups
[ ] business settings

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Presenting Concerns:
[ ] addiction
[ ] anxiety
[ ] dental
[ ] depression
[ ] headaches
[ ] mood disorders
[ ] pain
[ ] past life therapy
[ ] phobias
[ ] smoking cessation
[ ] stress
[ ] surgery
[ ] TMJ
[ ] trauma/PTSD
[ ] weight loss

(what other categories would you like to see listed?)
[ ] _____
[ ] _____

License # and Licensing Board
_____

Malpractice insurance $_____/$_____
(Insurance info will not be posted on website.)

Please list memberships and status you would like included: (e.g., ASCH, Approved Consultant)
_____
_____
_____
_____
_____

I attest that the above information is true and accurate.
_____ _____
Signed Date

**Mail to:** Laura B. Temin, LMFT, LPC, DCC, BCC.
1025 Old Roswell Road Suite 103
Roswell, GA 30076
GHS Website Referral Form 2015