



HUMAN SYSTEMS / PNE TRAINING APPLICATION

Name:

Birthdate:

Address:

Phone:

E-mail:

Occupation:

Education:

Which therapies have you been involved with, as a client or practitioner?

What are your goals for the the PNE/HS training course?

Are you dealing with any nervous system issues?

Are you taking anti-depressants or other prescription medications?

Are you currently seeing a counselor or mental-health professional on a regular basis?

Is there any information that is important for us to know about you that could affect your participation?

Is there anything else you would like us to know?

Please complete application and return to: judithajohnson@mac.com