



1088 Bishop St. #1712, Honolulu, HI 96813
Phone No: (808) 200-9609

HypnoBirthing® - Class Enrollment

Mother's Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City _____ State _____ Zip: _____

Email: _____ Occupation: _____

Birthing Companion's Name: _____

Relationship (e.g. spouse, partner etc.): _____

Phone: _____ Email: _____

Occupation: _____

Birthing Assistant's Name: _____

Relationship (e.g. doula, friend etc.): _____

Care Provider Name & Title: _____

Birthing Facility: _____

When is baby expected? _____

How many weeks pregnant will you be when you begin classes? _____

Do you have any previous pregnancies? Yes No

Do you have any previous births? Yes No

Do you experience any of the following?

<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	High/Low Blood pressure
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Chronic Pain or Injury
<input type="checkbox"/>	Phobias	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Gestational Diabetes
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Pelvic / Hip Pain
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	None of the above	<input type="checkbox"/>	

Have you ever practiced yoga, meditation or anything similar? Yes No

Are there important details to note? (e.g. twins/multiples, previous birth histories, same sex couples, severe medical condition, religious/cultural considerations etc.)

How did you hear about us? _____

Class Date and Time for Enrollment

Date of Class 1: _____ Time : _____

Date of Class 2: _____ Time : _____

Date of Class 3: _____ Time : _____

Date of Class 4: _____ Time : _____

Date of Class 5: _____ Time : _____

Please check if any discount is applicable.

(***No double discount except group discount.)

- HMSA / military discount – 10% off.
(Please present your HMSA insurance card / military ID during the first class.)
- Early Bird discount – 5% off.
(Please have your enrollment form and deposit sent to HypnoVivi one week before the first class.)
- Group discount – Extra 5% off
(Please provide the names of other couples: _____)
- Other discount (Please specify: _____)
(Please present your coupon during the first class.)

A non-refundable \$100 deposit must be made to reserve seats in class.

Please select your preferred form of payment:

- Check
Make Check Payable to: **HypnoVivi LLC**
Mail to: **1088 Bishop Street #1712 , Honolulu, HI 96813**
- Venmo
We will send you the Venmo account information upon receiving the form.
- Credit card
**Please note: there is an additional 2.75% charge for credit card processing fee.
An invoice will be sent to you by email.

Signature: _____

Date: _____