

BARBARA BRENNAN SCHOOL OF HEALING®
Fundamentals of Brennan Healing Science®
500 N.E. Spanish River Blvd., Suite 208 Boca Raton, Florida 33431
Telephone 800-924-2564 or 561-620-8767 Fax 561-620-9028
Email bbsh.office@barbarabrennan.com

Fundamentals of Brennan Healing Science Confidential Participant Profile

Please print and use blue or black ink.

| | | |
|----------------|-------|-----------------|
| First Name | MI | Last Name |
| Address | | |
| City | State | Zip/Postal Code |
| Country | | |
| Daytime Phone* | | Evening Phone |
| Fax* | | E-mail |

*If international, include country/city codes.

Occupation: _____

List medications currently being taken or taken within the last 2 years. Please list conditions for which they are/were being taken. (Fill out below medical waiver form if your medications are listed on the form)

List present physical problems:

Have you ever been hospitalized and/or treated for psychological difficulties, or has hospitalization or psychological treatment been recommended? _____ NO YES _____
If yes, for what and when? List date(s).

Please answer all questions. Mark "N/A" if not applicable. Submit original and make a copy for your records.