



## **CONFIDENTIAL P.L.R. INTAKE SHEET**

Date: \_\_\_\_\_

Name: (print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Day : \_\_\_\_\_ Evening: \_\_\_\_\_ Marital Status: \_\_\_\_\_

M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor (print): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Medical Information:**

Allergies: \_\_\_\_\_

Current medication: \_\_\_\_\_

Are you currently in physical pain or discomfort? (explain) \_\_\_\_\_

\_\_\_\_\_

Are you generally in good health? Yes \_\_\_\_\_ No (explain) \_\_\_\_\_

\_\_\_\_\_

### **Why you are here?**

Explain your reasons for wanting a Past Life Regression Session

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client acknowledges understanding this questionnaire, and all information provided is accurate and complete to the best of Client's knowledge and that hypnosis is a healing modality working alongside, not instead of, any other current healing practice. It is also understood that as everyone responds differently to hypnosis, results cannot be guaranteed.

**I confirm that the above information is correct.**

**SIGNED:** \_\_\_\_\_

**PRINTED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THERAPIST:** \_\_\_\_\_