

Intake Form

1. Have you ever had a past life regression before? If so, when? What happened?
2. Have you had any kind of hypnosis in the past for other issues? If so, what was your experience?
3. Do you have any phobias (Ex. Fear of heights or claustrophobia – fear of enclosed places)?
4. Do you have any fear of door knobs?
5. Do you meditate?
6. Is it easy for you to visualize things?
7. If not, do you tend to have gut feelings or inner knowing, or do you hear the inner voice?
8. What is your religious background, if any?
9. Do you believe in reincarnation? If so, was that how you were raised, or how did you come to that belief?
10. Do you believe in angels and/or spirit guides, and/or beings of Light?
11. Do you work with any angel, guides or beings of Light on a regular basis? If so, who and how?
12. What would you like to work on during our time together?
13. Have you had a past life *reading* where someone *told* you who you were in the past? If so, what did they say?
14. Have you had any dreams that you believe were not dreams but more like past life memories that emerged? If so, what were they?
15. Have you ever traveled to a new place and felt like you'd been there before?
16. What ancient civilizations fascinate you?
17. Any hobbies or other interests that you enjoy that are not connected with things you learned while growing up?

18. Have you ever been in the presence of museum artifacts that felt familiar? If so, what were they?
19. What is your favorite real world animal?
20. What is your favorite metaphorical animal?
21. What is your favorite kind tree?
22. At this moment in your imagination you are standing on a surface. What is this surface made of?
23. Feel free to add any other details or information you believe would be helpful for me to know.

Thank You! ☺