**Past Life Regression Background**

Name:

Date of birth:

Address:

Phone: Email:

Married? If yes, for how long?

Spouses name:

If you have kids, please list their name and age:

Your dad’s name: Alive?

Your mom’s name: Alive?

If you have siblings, please list their name and age:

Have you been under hypnosis before? If so, when?

What was that experience like for you?

If you close your eyes, are you able to see/visualize a basketball?

Are you able to see/visualize a red bird?

Are there specific past lives that you are aware of that you would like to visit in the session?

If so, please describe what those are?

What are your expectations for the session?

Please list emotional healing you would like to gain from the session:

Do you meditate? If so, how often a week?

What do you do to relax and manage stress?

Do you drink alcohol? If so, how often a week?

(This will help me determine what type of techniques to use.)

Do you have a fear of not being in control of your life?

Are you on any medication?

If so, for what purpose?

Are you currently seeing a counselor or therapist?

If so, for how long?

For what reason?

Please list any odd or “other-worldly” experiences you might have had that you would like to get clarity on:

Do you feel there are lower vibrating energies attached to you now?

Do you work?

If so, what is your occupation?

Are you happy at work?

What are your hobbies?

What dreams/goals do you have for your life?

Please share your spiritual beliefs with me here:

Were you raised in a church/synagogue/mosque etc.?

If so, what kind?

Do you believe in spirit guides? Angels? God?

Jesus? Quan Yin? Buddha? Allah? Heaven? Hell?

Do you believe in past lives?

Do you believe in ET’s and UFO’s?

If I did not list what your beliefs are please do so here:

Are you afraid of heights?

Please share anything else you feel is important for to know that will assist me in getting to know you.