**QHHT Background Questions**

Please fill out these questions so I am able to get to know you and be aware of things that might come up in the session. Juliedoray1@gmail.com or 850-319-0447, juliedoray.com

Your name: Date of birth: Age:

Address:

Phone: Email:

Married? If yes, for how long?

Spouses name:

If yes, is it a happy marriage?

Please describe your marriage:

If you have kids please list their name and age:

Dad’s name: Alive?

Mom’s name: Alive?

Siblings 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 a red bird?

A basketball?

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

What do you do to 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 in your life?

Are you on any medication?

If yes, please list the name and what it is for.

Are you currently seeing a therapist? If yes, for how long?

What are you seeing him/her for?

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

How was your childhood?

How was your relationship with your parents?

How was their relationship with each other?

How was your relationship with your siblings?

Do you work?

If yes, what is your occupation?

Are you happy at work?

What are your hobbies?

What are your dreams and aspirations for the present and future?

What are your spiritual beliefs?

Were you raised in a church/ synagogue/ mosque? If so, what kind?

Do you believe in spirit guides? Angels? God? Jesus?

Quan Yin? Buddah? Allah?

Heaven? Hell?

Do you believe in past lives?

Do you believe in ET’s and UFO’s?

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

# Do you speak other languages?

If yes, what are those?

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