**Thank you for choosing Beyond Quantum Healing**

**with Candace Uvalle**

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**Client Intake**

Your Payment Info:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Sex M F Other

Session Date and Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names/ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Anything important to share about your family at this time:

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Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about Beyond Quantum Healing?

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What is the Main Reason you are seeking a BQH Session?

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How, in the past, have you tried to meet this/these session goal/s?

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What are you doing, feeling, thinking or saying to yourself about which you’d like to change or get clarity about?

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Have you experienced Hypnosis in the past? If so, what was the outcome?

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Have you tried any form of energy or alternative healing before? If so, what kind and what were your results?

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Are there any mental/physical health-related issues that I should be aware of before the session?

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Responsibilities and Liability Release

1. I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.

2. I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.

3. I understand that change is my own and complete responsibility. I understand that ALL HEALING IS SELF HEALING and that Candace Uvalle is only a “facilitator” in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.

4. I understand I may be assigned “homework” or be asked to make changes to my life by my higher self in regard to complete or solidify any healing or changes begun in our session today. I understand that this information and advice for change comes not from the BQH facilitator, but from my own higher being.

5. I understand that my facilitator may elect NOT to proceed with the session if she/he feels it is not in their or your best interest to do so. My Facilitator is NOT liable for travel costs (airline, hotel, etc.) associated with declining a session.

6. I understand that our session will be digitally recorded for my later use. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings.

7. I agree to full release and hold harmless Candace Uvallefrom and against any and all claims or liability of any nature arising out of, or in connection with, my sessions.

Client Print full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Use of Information:  
I understand that my name and personal information will be kept completely confidential.

I understand that I may share my recording and information in the future in any way that I am personally comfortable.

I understand that often in BQH sessions, universal information is provided through the client to benefit all of humanity. I agree to allow Candace Uvall*e* to share this information and any accompanying story summary either in audio or video or in written form in blogs or books as long as my identity, name and all relevant personal details are omitted or changed.

Client’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prepare a List of Questions and Concerns**

You will want to prepare a list of questions and concerns. As your facilitator, I ask that you create a Word Document or Google Doc and send it to my email @ [candaceuvalle@gmail.com](mailto:candaceuvalle@gmail.com) at least 24 hrs. prior to the pre-session interview. Also, **please put these questions and concerns in order of importance to you, as we may not be able to address them all.** Some clients bring a single question or issue of concern to the session, and some may bring up to a dozen. It really does not matter how many you come up with, only that you put them in order of importance.

What kind of questions? The general rule is to ask personal questions or keep to topics that are related to your personal life. Here are a few examples:

I have had asthma since birth. Why? Can it be healed?  
I am in a new love relationship. Is this person the right one for me?  
I really dislike my job and would like to quit and find a new one. Should I?  
I have a difficult relationship with my sister. Why is this so and can it be resolved?  
Many years ago I had something strange happen to me. (This could be a dream, vision, feeling, or experience) What exactly happened, and why?  
I have a lifelong interest in (name ANY subject) can we explore this in depth?

As your facilitator, I have my own prepared list of “standard” questions that I can ask, if you feel that your list is short or not comprehensive. Also, know that I keep your written list for my files, so please make an extra copy if necessary.

I am truly honored to facilitate this BQH journey for you.

With Loving Appreciation,

Candace



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