

Client In-Take Form for Past Life Regression

Name: _____ Today's Date: _____

Address: _____ Postal Code: _____

Date of Birth: _____ Sex: Male / Female

Occupation: _____ Phone: _____

Email: _____ Marital Status: _____

Names and Ages of Children: _____

1) List three of your favourite countries: _____

2) Name three of your favourite cities: _____

3) List any fears or issues: _____

4) Do you suffer any compulsive tendencies? _____

5) List any current health issues: _____

6) List the medications you are taking: _____

7) List three of your pastimes or hobbies: _____

8) Do you enjoy your current work? _____

9) If you could, what would you wish for, become or do? _____

10) Why are you seeking a past life regression? _____

11) How did you find my services? _____

12) Are you currently suffering from any of the following:

Y / N	Nervousness
Y / N	Inability to relax
Y / N	Sleeplessness
Y / N	Depression
Y / N	Sexual dysfunction
Y / N	Compulsive tendencies
Y / N	Nail biting
Y / N	Nightmares
Y / N	Childhood trauma
Y / N	Fear of heights
Y / N	Poor self-esteem
Y / N	Poor Health
Y / N	Cigarette smoking
Y / N	Alcohol abuse
Y / N	Drug abuse
Y / N	Compulsive overeating
Y / N	Serious eating disorder
Y / N	Co-dependency
Y / N	Inability to focus attention
Y / N	Abusive home situation
Y / N	Abusive work issue
Y / N	Sexual abuse
Y / N	Poor memory
Y / N	Marital problems
Y / N	Recent divorce
Y / N	War trauma
Y / N	Current illness
Y / N	Teeth grinding
Y / N	Lack of energy
Y / N	Death of a loved one
Y / N	Death of a pet
Y / N	Lack of success
Y / N	Any other important issue

16) One thing I feel guilty about is: _____

17) I am happiest when: _____

18) I get so angry when: _____

19) I am most saddened by: _____

20) What behaviours get in the way of your happiness? _____

21) What would you like to start doing? _____

22) What would you like to stop doing? _____

23) What would you like to do more of? _____

24) What makes you laugh? _____

25) What would you like to be doing 5 years from now? _____

26) In one word describe your life: _____

27) In one word describe your problems: _____

28) One of the things I feel proud of is: _____

29) Do you believe in past lives, if so, what lifetimes have you recalled in dreams or déjà vu experiences? _____

31) Please list any additional needs or concerns: _____

Stress Level Profile

Instructions: Read each statement below and enter the number one to four that best represents you and your behaviour at this time.

1 - not at all

2 - slightly

3 - moderately

4 - very much

- 1) I often lose my appetite or eat when I am not hungry. ____
- 2) My decisions seem to be more impulsive than planned, I tend to feel unsure about my choices and often change my mind. ____
- 3) The muscles of my neck, back and stomach frequently get tense. ____
- 4) I have thoughts and feeling about my problems that run through my mind for much of the time. ____
- 5) I have a hard time getting to sleep, waking up, often feel tired. ____
- 6) I feel the urge to cry or get away from my problems. ____
- 7) I tend to let anger build up and then explosively release my temper in some aggressive way or destructive way. ____
- 8) I have nervous habits (tapping my fingers, shaking my leg, pulling my hair, scratching, wringing my hands, etc.). ____
- 9) I often feel fatigued, even when I have not been doing physical work. ____
- 10) I have regular problems with constipation, diarrhea, or upset stomach. ____
- 11) I tend not to meet my expectations wither because they are unrealistic or I have taken on more than I can handle. ____
- 12) I periodically lose my interest in sex. ____
- 13) My anger gets aroused easily. ____
- 14) I often have bad or unhappy dreams or nightmares. ____
- 15) I tend to spend a great deal of time worrying about things. ____
- 16) My use of alcohol, coffee, cigarettes, and/or drugs has increased. ____
- 17) I feel anxious, often without any reason that I can identify with. ____
- 18) In conversation my speech tends to be weak, rapid, broken, or tense. ____
- 19) I tend to be short tempered and irritable with people. ____

20) Delays, even ordinary ones, make be fiercely impatient. _____

Release Statement:

I hereby authorize _____ to use regression therapy techniques with me for the purposes outlined in this intake form and for the future purposes that I may request. I understand that the success of my regression therapy depends greatly on my own ability and desire to effect change in myself. I understand that the results of my sessions depend greatly on my serious participation, and that _____ cannot offer any guarantee of the success of my treatment. I am aware, however, that _____ will do everything to ensure my success. I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen past life regression at this time.

Signature: _____

Date: _____

Privacy Policy:

The information obtained in this In-take form is strictly confidential. It is used for the purposes of my education and my own files. Your permission must be given for any release of information from this In-take form and your client file.

Signature: _____

Date: _____