

Past-Life Regression Intake Form

Name: _____

Complete Address: _____

Email: _____ Cell Phone: _____

Occupation: _____ Marital Status: _____ Children: _____

Date of Birth: _____ How did you hear about me? _____

Emergency Contact Name & Phone: _____

Goal for session: _____

Ever been hypnotized? _____ Ever had a past-life regression? _____

If you believe in a Higher Power, what term do you use? _____

Everyone experiences a past-life regression in their own way. Keep an open mind and don't analyze your experience during the session. Let the information flow into your mind without questioning it. Your mind is on a journey through your soul's experiences of lifetimes. Let it travel freely.

Hypnosis is not recommended for those with chemical imbalances in the brain such as bipolar disorder and schizophrenia or for those who are seizure-prone. I attest that I have never been diagnosed with chemical imbalances in the brain and that I am not prone to seizures. _____
(If you are unable to certify the above statements you should not schedule a Past-Life Regression.)

I consent to participate in a past-life regression under the direction of Donna Dangle, certified in Past-Life Regression Therapy. I realize that regression can involve the use of many techniques, including but not limited to relaxation, hypnosis, and guided imagery. In my session I will be encouraged to experience events, circumstances, behaviors, and feelings from prior situations and lifetimes. Client responses to relaxation, hypnosis and regression vary greatly. Some clients experience intense images and recollections while others experience relatively little or even nothing at all. I am aware that the images and recollections experienced during a regression may be a combination of real, fantasized, and distorted memories. I also acknowledge that certain memories or images may represent traumatic events which can evoke intense emotional reactions or distress. These emotionally charged images can be quite useful therapeutically for facilitating insight, understanding, and healing, but such intense experiences may nonetheless be emotionally difficult. I acknowledge that a consultation with a qualified mental health specialist may be beneficial if the session is too extreme to process without additional assistance.

My signature below indicates that I have read the above, understand the principal characteristics of past-life regression therapy, and agree to participate in the session. Furthermore, I understand that if I become too uncomfortable and/or unwilling to proceed, I can request to stop the process and the session will cease immediately.

Signed: _____ Date: _____

Privacy Notice: No information will ever be discussed or shared with any third party without written consent of the client or the parent/guardian of an under-age client.