Cora Joan Healing Hypnosis Session



Client Questionaire

Full name

Date of session

DOB

Country/state

Birth place

Telephone

Occupation

Email

**Have you had a problem with any of the following?**

Anxiety Worry Insecurity Habits

Sleep Work Fear Phobias

Self Esteem Grief Guilt Suicide

Confidence Sex Pain Drugs

Studying Anger Panic Attacks Weight

Sports Perf. Alcohol Allergies Obsessions/compulsions

Smoking Appetite/Eating Marriage/Relationships Candida

P.T.S.D Stress Depression Other?

Medical History – Please answer the following questions in confidence (Please delete where necessary)

Do you have a diagnosed Medical Illness? YES/NO Name of Illness

Do you have a diagnosed psychological problem? YES/NO Name of Diagnosis

Is your GP aware of the above problems? YES/NO

Please give details of any Medication you are taking?

Do you have any hearing problems?

What health questions would you like to ask in the session?

What would you like to achieve from the session?

Any Traumatic experiences in your life?

Do you have any phobias?

Any super natural experiences, strange dreams or memorable visions?

Family member and close friends’ names that may come up in the session?

Questions For Your Higher Self

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**Does Cora have your permission to share your anonymous information on YouTube if you feel after watching, you feel it may be of benefit to others? YES/NO**

Is there anything else that you feel that I should know before we meet online on the day?

I understand that the success of the Online Past Life Regression Session is based around my willingness to relax and push my conscious mind to the side. I also understand that the price of the session is £111, or a donation within my means, and this is for Cora’s time and experience as a hypnosis practitioner, trained in Past Life Regression techniques. I understand that it is my responsibility to provide myself with a safe and comfortable environment in order to undertake the online session. I also understand that if the internet connection should go down during the session, that all I have to do to come out of the Theta state is to gradually become more alert until I am fully conscious.

I understand that if I tick YES to say that I agree to share my information anonymously, that Cora may share my anonymised information on her YouTube channel.

Signed by client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclaimer**

**Waiver of Liability:** The client voluntarily agrees to be a participant in a hypnosis sessions under the direction of Cora Joan Edwards and accepts full responsibility for any and all injury arising from the hypnotherapy sessions.
**Initials:** \_\_\_\_\_\_\_\_

**Disclaimer:** I, Cora Joan Edwards am not a trained medical Doctor or Psychologist. At no time will I attempt to provide medical or mental health therapy. I advise that you seek a qualified Doctor or Psychologist if you need help with mental health issues.
**Initials:** \_\_\_\_\_\_\_\_

**Guarantee and Refund Policy:** No warranty and(or) guarantee is given, expressed or implied for satisfactory results from the hypnotherapy session, as it is impossible to guarantee human behaviours or compliance. Therefore, no re- funds for services are given. The client understands that change is his or her responsibility. The therapist is considered a guide or facilitator in the process. **Initials:** \_\_\_\_\_\_\_\_

**Methods Used:** Specific techniques may include Body Relaxation, Progressive Muscle Relaxation, Guided Meditation, Regression, Guided/Visual Imagery. The client understands that the above modalities are not substitutes for regular medical care, and has been advised to consult with his or her medical Doctor or Healthcare Practitioner for treatment of any old, new, or existing medical conditions. **Initials:** \_\_\_\_\_\_\_\_

**Cora Edwards** reserves the right to refuse services to anyone, at any time, for any reason. **Initials:** \_\_\_\_\_\_\_\_

My signature below signifies that I have read the above statement and fully understand and accept the information described above and agree to participate in a hypnosis session.

**Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_/\_\_\_\_**

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_