



Past Life Regression Intake Form



This form contains several personal questions designed to ensure your session is as therapeutic and effective as possible. The information you provide is kept strictly confidential. Please answer each question thoroughly. Kindly submit the completed form at least 24 hours before your session to andres@xangosacredwisdom.com. Be sure to include the subject line "Past Life Regression" and your first and last name, along with your phone number, in the body of the email.

Please Read Before Completing the Past Life Regression Intake Form

Hypnosis is not recommended for those with chemical imbalances in the brain such as bipolar disorder and schizophrenia or 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. Initial Here. _____ (If you are unable to certify the above statements you should not schedule a Past Life Regression.)

First Name:	Middle Name:	Last Name:
Home Address:	Bldg:	Apt #:
City:	State:	Zip Code:
Email:	Home Number:	Cell Number:
Date of Birth	Occupation:	Nationality:
Male:	Female:	Race:

Emergency Contact

First Name:	Last Name:	Phone Number:
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Questions

Have you experienced hypnotherapy before?

Yes		No	
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If yes, when? _____

Can you enter into a hypnotic state?

Yes		No	
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If yes, was it helpful?

Yes		No	
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What did you like or dislike about your session? _____

What kind of hypnotherapy session did you have? One on One Group Setting

Recording/video/app

What are your beliefs, hopes, concerns, or questions about hypnotherapy? _____

What intention/s would you like to set for your hypnotherapy session today? _____

Have you experienced formal Past Life Regression sessions? Yes No

How Many? _____ For what purpose? _____

What was the outcome? _____

Have you had spontaneous Past Life recall? Yes No

Describe _____

Have you met or do you know your Spiritual Guides? _____

Describe _____

What Present Life issue do you want to focus on with PLRT? _____

Do you have these tendencies, habits, or attributes?	Yes	No	If yes, please provide more information
Allergies or sensitivities			
Phobias			
Easily triggered emotions			
Nervous habits			
Perfectionism			
Excessive worry or focusing on the negative			
Significant high or low energy periods			
Overeating or disordered eating			
Depression, anxiety, or other diagnosis			
Consuming sugar, caffeine, or alcohol			
Tobacco use			
Use of prescription, over-the-counter, or other medication			

Substance use disorder or addiction			
Current medical condition or illness			
Past major illness, accident, trauma, surgery, or abuse (include age/s)			
Weak or vulnerable part of your body or overall health			

What were you like as a kid? _____

What do you love the most? _____

Who do you love the most? _____

What place/s do you love the most? _____

Do you have difficulty lying on your back?

Yes		No	
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Discribe _____

Do you observe any religious, spiritual, or meditative practice?

Yes		No	
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If yes, please describe _____

Relationship/marital status

	Single		Married		Divorce		Widow
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Does your significant other know you are here?

Yes		No	
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Are they supportive of your visit/goal?

Yes		No	
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Do you have children?

Yes		No	
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If yes what age/s? _____

What tends to cause you stress? _____

What relaxes you or brings you joy? _____

List your top life goals in order of importance: _____

What are your favorite hobbies, activities, or special interests? _____

If you knew you couldn't fail, what would you try to achieve? _____

What is your life's purpose? _____

Do you have question you would like to have answered? _____

Notes that you would like to add: _____



I, _____ (print name) consent to participate in the process of hypnotherapy with Baba Andres Campos Ramo, MHt of Xango Sacred Wisdom LLC Las Vegas, Nevada. I understand that hypnotherapy can involve the use of techniques such as progressive relaxation, meditation, guided imagery, as well as other helpful methods. As a part of hypnotherapy, clients are encouraged to recall events, circumstances, behaviors, thoughts, and feelings from situations in their life experiences. I understand that clients vary greatly in their response to the relaxation and hypnotic process, with some clients having powerful experiences and others experiencing relatively little. Additionally, I am aware that the experiences during hypnotherapy may be a combination of real and/or imagined. I also understand that certain memories or experiences may invoke emotional reactions. These emotionally charged experiences can be useful for facilitating insight and understanding; however, such powerful experiences can be emotionally challenging for some clients. I understand that there is no implied or stated guarantee of the success or effectiveness of hypnotherapy techniques. I also understand that during the session, my practitioner may gently touch me on the forehead, shoulder, and/or wrist as an anchoring or focusing technique and that Baba Andres Campos Ramos will get my verbal consent before each touch.

_____ Please initial here to confirm your permission for this touch to take place during hypnotherapy sessions. If your session is via Zoom telephone or in a group setting, there is no need to initial this item. My signature below signifies that I have reviewed the above information, I understand the principal characteristics of hypnotherapy, and I agree to participate in this procedure. Furthermore, I understand that if at any time I become uncomfortable and/or unwilling to proceed with the hypnotherapy process, I can request to stop the process and the hypnotic portion of the session will cease immediately. I accept that I am signing a legal document and releasing Xango Sacred Wisdom LLC dba Xango Sacred Wisdom LLC, and its staff, teachers, and healers from liability, indemnity, and I agree not to take legal action against the same for healing services and classes I have chosen freely.

_____ Please initial. Please be advised that Xango Sacred Wisdom, conducted by Baba Andres Campos Ramos, is not liable for any outcomes or experiences resulting from the Past Life Regression sessions. By participating in this practice, you acknowledge and agree that you cannot pursue legal action against Baba Andres Campos Ramos or Xango Sacred Wisdom for any physical, emotional, or mental impact that may arise. This disclosure aims to ensure that you are fully informed and prepared for the journey ahead, recognizing that the experience is highly individualized and may vary for each person.

Print Name

Signature

Date

Print Name Parent/Guardian

Parent/Guardian Signature

Date

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