

Past Life Regression Intake From



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.

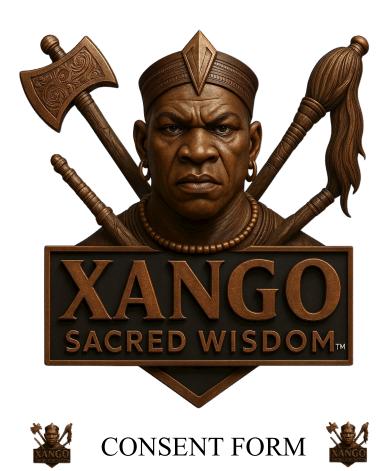
Please Read Before Completing the Past Life Regression Intake Form

Hypnosis is not recommended for who are seizure-prone. I attest that seizures. Initial Here. Regression.)	at I have neve	er been diag	gnosed with	chemical i	mbalances		am not prone to
First Name:	_	Middle Na	ame:		_	Last Name:	
Home Address:					_	Bldg:	Apt #:
City:		State:				Zip Code:	
Email:		Home Number:			Cell Number:		
Date of Birth	Occupation: Nationality:			ity:	_		
Male:	Female:			Race:	•		
		Eme	ergency (Contact			
First Name:		Last Name:		_	Phone Number:		
			Questio	ons			
Have you experienced hypnoth If yes, when?	ereapy befo	ore?	Yes		No		
Can you enter into a hypnotic s	state?	Yes		No			
If yes, was it helpful? What did you like or dislike ab	Yes out your ses	ssion?	No				

What kind of hypnotherapy session did you	u have?		One on One	Group Setting
			Recording/video/ap	рр
What are your beliefs, hopes, concerns, or	questions	s about hypr	notherapy?	
What intention/s would you like to set for	your hypi	notherapy se	ession today?	
Have you experienced formal Past Life Re How Many? What was the outcome?	_	sessions? purpose?	Yes	No
Have you had spontaneous Past Life recall Discribe		Yes	No	
Have you met or do you know your Spiritu Discribe What Present Life issue do you want to foo				
What I resent Elle issue do you want to loc	ous on wi			
Do you have these tendencies, habits, or attributes?	Yes	No	If yes, plea	ase 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 alchohol				
Tobacco use				
Use of prescription, over-the-counter, or other medication				

Substance use disorder or a	addiction							
Current medical condition	or illness							
Past major illness, accident surgery, or abuse (include								
Weak or vulnerable part of your overall health	our body or							
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 o	n your back	k?	Yes		No			
Do you observe any religious, If yes, please describe	spiritual, c	or meditativ	ve practice'	?	Yes		No	
Relationship/marital status		Single		Married		Divorce		Widow
Does your significant other kn Are they supportive of your v	•	e here?	Yes Yes		No No]	
Do you have children? If yes what age/s?	Yes		No				_	
What tends to cause you stress	s?							
What relaxes you or brings yo	u iov?							
	u joy:							
List your top life goals in orde								
List your top life goals in orde What are your favorite hobbie	er of import	tance:	l 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 par	ticipate in the process of
hypnotherapy with Baba Andres Campos Ramo, MHt of that hypnotherapy can involve the use of techniques such as other helpful methods. As a part of hypnotherapy, clip thoughts, and feelings from situations in their life expert the relaxation and hypnotic process, with some clients helpful. Additionally, I am aware that the experiences during also understand that certain memories or experiences are experiences can be useful for facilitating insight and undemotionally challenging for some clients. I understand the effectiveness of hypnotherapy techniques. I also understand to the forehead, shoulder, and/or wrist as an anchor will get my verbal consent before each touch.	of Xango Sacred Wisdom LLC Las Verch as progressive relaxation, meditation ients are encouraged to recall events, criences. I understand that clients vary graving powerful experiences and other ing hypnotherapy may be a combination may invoke emotional reactions. These derstanding; however, such powerful of that there is no implied or stated guara tand that during the session, my practi	gas, Nevada. I understand in, guided imagery, as well ircumstances, behaviors, greatly in their response to as experiencing relatively on of real and/or imagined. The emotionally charged experiences can be intee of the success or tioner may gently touch
Please initial here to confirm your permission your session is via Zoom telephone or in a group setting signifies that I have reviewed the above information, I was agree to participate in this procedure. Furthermore, I un unwilling to proceed with the hypnotherapy process, I consistent will cease immediately. I accept that I am significant dba Xango Sacred Wisdom LLC, and its staff, teachers, legal action against the same for healing services and classical services.	g, there is no need to initial this item. Nanderstand the principal characteristics derstand that if at any time I become usen request to stop the process and the ang a legal document and releasing Xan, and healers from liability, indemnity,	My signature below s of hypnotherapy, and I uncomfortable and/or hypnotic portion of the ngo Sacred Wisdom LLC
Please initial. Please be advised that Xango not liable for any outcomes or experiences resulting from practice, you acknowledge and agree that you cannot put Sacred Wisdom for any physical, emotional, or mental are fully informed and prepared for the journey ahead, revery for each person.	m the Past Life Regression sessions. Eursue legal action against Baba Andres impact that may arise. This disclosure	By participating in this Campos Ramos or Xango aims to ensure that you
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.