

**Intake Form**

 1. Full Name

2. Age and Date of Birth Required to answer.

3. Gender

4. Email Required to answer. Single line text.

5. Phone Number

6. Date & Time availability for discovery call and/or session

Please list preferred times & your availability so we can do our best to offer you a convenient time.

7. In Person or Online Session ?

All sessions can be booked either face to face or online for your convenience. Online sessions are equally as effective as face to face. Please note In Person Sessions are in Jeddah Saudi Arabia.

8. Time Zone if booking Online Session

Please list the town, state & country you'll be in for your online session... to ensure scheduling accuracy

9. Marital Status

10. Occupation

11. Doctor's name, address & date of last check

12. Please list all medications & supplements being taken

13. What are you looking to achieve through this process?

Please give me some details about what you want to change.

14. What is the main thing holding you back?

15. How much does the above hold you back on a scale of 1-10?

(1 being not at all + 10 Alot)

16. How committed to change are you on a scale of 1 - 10?
 1 = Not very 10 = Absolutely

17. If your issue is a physical illness or problem. Please explain & list your symptoms and any triggers, doctor's recommendations/prognosis & any info you feel relevant in as much detail as you can.

18. How would you like to feel on a day-to-day basis. Please describe your ideal scenario in terms of how you feel in your mind and body

19. If you were living the best version of your life, what activities and past times would you be doing that you are not doing or unable to do now?

20. If you were free from this issue - what would this mean you could go on to do in the future?

21. Give some examples of the kinds of things you say to yourself on a regular basis

22. Please give a brief description of your family background

23. Please select the areas that currently concern you from the list below:

Achieving goals

Addictions

Anger

Anxiety

Career

Childhood Problems

Compulsive Behavior

Concentration

Confidence

Depression

Eating Problems

Exams

Fears

Fertility

Guilt

Health Issues

Memory

Motivation

Nerves

Pain Control

Panic Attacks

Phobias

Public Speaking

Relationships

Relaxation

Self Esteem

Sexual Problems

Skin Problems

Sleep Problems

Stress

Weight Problems

 Other (Please Specify)

24. Please add anything you feel is relevant in relation to the selections you've made or issues you struggle with... (even if not listed)

25. Have you had hypnosis before?

26. If yes, what for & how helpful was it?

27. How did you hear about Serenity? If referred pls let me know by whom...

28. POST SESSION COMMITMENT

I understand the importance of listening to my personalized recording daily, for at least 3 weeks to ensure optimum results

* I commit to listening to my recording

30. CANCELLATION TERMS

For sessions, full payment is payable on booking to confirm the session - nonrefundable within 30 days. (Please read T's & Cs as appointments can be changed in serious circumstances) For personalized recordings - payment is due on ordering.

* I agree to the above cancellation terms

31. Please indicate what service you are interested in, be it individual RTT sessions, Packages) or a personalized recording (Call for Prices)

32. I have read through and agree to the Terms & Conditions sent to me.

* I understand and agree

Signature:

Date: