

Past-Life Regression Intake Form

Name: _____ Occupation: _____
Full Address: _____
Email: _____ Cell Phone: _____
Marital Status: _____ Children: Y / N Date of Birth: _____
Emergency Contact Name & Phone: _____
How did you hear about me? _____
Goal for session: _____
Health Status: _____ Ever had a seizure? Y / N
Ever been hypnotized? Y / N Ever had a past-life regression? Y / N
If you believe in a Higher Power, what term do you use? _____

Everyone experiences a past-life regression in their own way. To get the most from your regression, keep an open mind and don't analyze your experience during the session. Simply 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.

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 imagine events, circumstances, behaviors, and feelings from prior situations and lifetimes. I understand that 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 are often quite useful therapeutically for facilitating insight, understanding, and healing, but such intense experiences may nonetheless be emotionally difficult.

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 parent/guardian if the client is under 18.