

**STEP 2 - CLIENT QUESTIONNAIRE: PAST LIFE REGRESSION FOR INTEREST**

Name:

Occupation (if applicable):

Age:

Contact Tel. No.:

GP's name or practice:

1. Have you experienced guided relaxation or hypnosis previously?
2. Have you experienced Past Life Regression (PLR) previously?
3. And was it facilitated by someone else or self-guided?
4. Do you have any beliefs about who you may have been in a past life? If yes, please give details:
5. What do you wish to gain from PLR?
6. Are you open to going through the death experience in a past life?
7. Please give details of any psychological issues, health issues, medical conditions (diagnosed or undiagnosed) or pain you're experiencing:
8. Please give details of any allergies you have:
9. Please give details of any fears or phobias you have:

Thank you. I will ask you to sign and date this at the PLR session.

Signed: Date:

