Past Life Regressions, Higher Self Communication, Spiritual Attachment Removal

Name_____M F_____

Email_____

Birthdate_____Today's Date_____Age_____

Address_____

Website_____

Phone_____

How did you hear about Vicki?_____

Have You been Hypnotized Before?_____

Can you use your imagination visually?_____

Do you meditate?_____

Are you comfortable or open regarding metaphysical concepts?_____

Have you had coffee, excedrin,cola, caffeine, stimulants or alcohol in the last several hours?_____

Are you open to working with Spirit Guides, Chakras, Higher Self, Ascended Masters, Angels, Past Lives? Yes_____No_____

Do you prefer a particular spiritual orientation or divine source?_____

Are you comfortable with working with spiritual interference such as cords, attachments etc? Yes_____No_____

What is the reason for your Past Life Regression, Spiritual Attachment Removal or Higher Self Communication hypnosis session?_____

_____

_____

_____

_____

Background History_____Name_____

*Are you currently taking antidepressants and/or been diagnosed with an Anxiety Disorder?_____Are you currently under the care of a Mental Health Practitioner?
_____

Have you recently stopped taking anti-depressants or anti-anxiety medications?

* A Past Life Regression session may be very helpful for you, but I recommend a session for anxiety first to determine if this is an appropriate avenue for you to explore at this time.

Have you ever had surgery?_____

Have you ever been in an accident or knocked unconscious?_____
_____
_____

Have you been frustrated with goals or success?_____
Have you been near people as they crossed over?_____
Is there a family, or ancestor issue such as alcoholism or just plain bad luck?
_____

Have you had a severe trauma?_____Year_____

Are you comfortable with exploring metaphysical concepts?
Yes_____No_____

Have you developed a pain, or a life long illness that defies diagnosis or medical treatments?_____
_____

Are you curious about a relationship, life purpose or just exploring metaphysical concepts?_____

Is there a goal you would like help with?_____

Is there a negative habit, pattern or thought you would like to reduce, explore, eliminate?_____

Disclaimer And Agreement Form

I voluntarily agree to sign this agreement and assumption of risks, because I fully understand that Vicki Ledray Grabicki, who is a certified hypnosis practitioner, is not a doctor, nor has a degree in psychiatry, and can not diagnose disorders.

1. I am participating in hypnosis by my own choice.

2. I understand that I am not a patient, but a co-participant in my sessions.

3. I understand that past life regressions and higher self communications hypnosis are viewed as entertainment.

4. I understand that I may receive spiritual insights and experience realizations under hypnosis that resonate with me.

5. I understand that realizations under hypnosis may be discarded as non-resonating with me as I review my sessions. I may choose to implement or reject any insights obtained thru my sessions. I understand that relationships with people that are revealed in past life sessions may be totally fictitious. I understand that viewing events from a larger picture can restore perspective in my relationships with others.

6. I understand that this session may be recorded and information from the session may be written about in an article or other media for informative purposes. All identifying names,etc, will be changed for privacy.

Name_____Date_____