

Online Quantum Healing Hypnosis Session

Beyond Quantum Healing /Soul Center Healing Hypnosis(BQH/SCHH)

FULL NAME _____

County/State_____Country_____

TELEPHONE _____ OCCUPATION _____

Birthyear_____ EMAIL_____

DATE OF SESSION _____

Do you have a problem with any of the following? **(Please tick if yes)**

Fear ____ Anxiety ____ Worry ____ Scarcity ____ Lack of Grounding ____

Have you experienced any of the following traumas?

Divorce ____ Parents Divorcing ____ Loss of Finances ____ Loss of house ____ Extreme terror ____

Physical Issues: Base of Spine (Sciatica/Twisted Spine)____ Hips____ Knees____ Ankles ____

Do you have a problem with any of the following? **(Please tick if yes)**

Sex ____ Depression ____ Lack of creativity ____ Lack of joy ____ Sadness ____

Marriage/relationships ____

Have you experienced any of the following traumas?

Sexual Abuse/Rape ____ Suppression in relationships ____ Lack of connection with Mother ____

Loss of child ____

Physical Issues: Womb/Ovaries/Fallopian Tubes____ Prostate____ Bladder ____

IBS/Colitis/Celiac/Candida____

Do you have a problem with any of the following? **(Please tick if yes)**

Insecurity ____ Lack of confidence ____ Guilt ____ Shame ____ Alcohol ____

Appetite/Eating ____ Porn Addiction ____ Anorexia/Bulimia ____ Jealousy ____

Obsessions/compulsions/OCD ____ Sports performance ____ Weight ____ Habits ____

Have you experienced any of the following traumas?

Shaming by someone ____ Being controlled by someone ____ Being bullied by someone ____

Made to feel overweight by someone ____ Extreme terror ____

Physical Issues: Stomach issues ____ Liver issues ____ Kidney Stones ____ Weight/Appetite/eating____

Do you have a problem with any of the following? **(Please tick if yes)**

Grief ____ Heart break ____ Lack of heart connection with parents as a child ____

Unable to connect at the heart ____

Have you experienced any of the following traumas?

Losing a loved one ____ Heart break ____

Physical Issues: Heart Problems ____ Chest/Lung Problems ____

Do you have a problem with any of the following? (Please tick if yes)

Smoking ____ Throat issues ____ Pain/issues in throat ____ Pain or discomfort in shoulder blades ____

Pain in back of neck/top of spine ____ Pain in arms/hands ____ Talking too much ____

Saying inappropriate things ____ Saying vicious things whilst intoxicated ____

Have you experienced any of the following traumas?

Told not to speak ____ Ignored as a child ____ Suppressed voice ____

Physical Issues: Thyroid Issues (Hashimoto's) ____ Teeth ____ Gums ____ Top of Spine ____ Neck ____

Shoulders ____ Arms & Hands ____

Do you have a problem with any of the following? (Please tick if yes)

Seeing scary images in the mind ____ Hearing voices ____ Lack of imagination ____

Unable to connect when meditating ____ A feeling of being able to 'see' more than others in the third eye ____

Headaches/Migraines ____

Have you experienced any of the following traumas?

Saw 'things' as a child and were shamed or told you were being 'silly'. ____ Could hear/see other realms ____

Traumatic experiences in lower astral whilst sleeping ____ Traumatic experiences whilst meditating ____

Have you taken any form of psychedelic drugs? (Ayahuasca/Dmt/Mushrooms/Cambo) ____

State which ____

Intense childhood trauma ____

Physical Issues: Problems with Brain/Mind ____ Problems with Eyes ____ Problems with Ears ____

Migraines ____

Do you have a problem with any of the following? (Please tick if yes)

Hair loss ____ Pressure on and above the head ____ Inability to connect in meditation ____

Have you experienced any of the following traumas?

Religious dogma ____

Physical Issues: Problems with scalp ____ Pressure on top of head ____

Are you experiencing any problems with the following:-

Sleep ___ Work ___ Phobias ___ Suicide ___ Pain ___ Drugs ___

Studying ___ Anger ___ Panic Attacks ___ Allergies ___ Stress ___

P.T.S.D ___ State why P.T.S.D _____

Do you have any triggers that will bring on P.T.S.D? If so please state:- _____

Any Problems not listed? _____

Medical History – Please answer the following questions in confidence (Please delete where necessary)

Do you have a diagnosed Medical Illness? YES/NO Name of Illness _____

Do you have a diagnosed Psychological problem? YES/NO Name of Diagnosis _____

Is your Doctor aware of the above problems? YES/NO

Please give full details of any Medication you are taking _____

Do you have any hearing problems? _____

What health questions would you like to ask in the session? _____

How were you led to me? _____

What would you like to achieve from the session?

Any Traumatic experiences in your life?

Do you have any phobias?

Will asking you to step into a crystal cavern cause you any discomfort? _____

Are you currently Pregnant? Y/N/NA

How many pregnancies have you had? (Please state N/A if not applicable) _____

Questions For Your Higher Self:- (PLEASE NOTE THIS HAPPENS ON SESSION 2 IF YOU HAVE NOT BOOKED 2 SESSIONS THEN DO NOT FILL IN THIS SECTION)

Categories typically include health, well-being, relationships, career, life decisions, and spiritual insights. Focus on open-ended questions starting with "what," "how," "why," and "where" rather than yes/no queries. Prioritize your questions. I'll strive to address all of them, but please note that the list may need to be condensed depending on how the session unfolds.

You can fill out 5-7 questions here:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Is there anything else that you feel that I should know before we meet online on the day?

I understand that the success of the Online Past Life Regression Session is based around my willingness to relax and push my conscious mind to the side. I understand that it is my responsibility to provide myself with a safe and comfortable environment in order to undertake the online session. I also understand that if the internet connection should go down during the session, that all I have to do to come out of the Theta state is to gradually become more alert until I am fully conscious. I also understand that it is my responsibility to provide a stable internet connection and attend the session with a working headset that has a microphone that can be placed in front of the mouth.

Signed by client _____ Date _____