****

Thank you for booking in with me. I am looking forward to working with you!

In order to maximise session time please fill out the information below and -- and make sure to email the signed copy back to me prior to our session. (If in person session is booked, signed document can be brought to first session).

Document can be printed filled out and photographed and returned as jpegs

Or: open in Adobe Acrobat Reader, click ‘tools’, select ‘fill and sign’, click on each line, and type your reply. Save the document, then please return.

**Client Intake**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Sex M F Other Birth Time (if known): \_\_\_\_\_\_\_\_\_

Session Date and Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Post Code \_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any relevant info you would like to add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about these sessions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the main concerns you would like to address?

Prep Questions

Please consider these questions prior to the sessions. It can be helpful to write down your answers below, or on a separate sheet and send them back to me beforehand. Feel free to write as much as you like.

1. What are the primary reasons you felt drawn to a session?
2. What do you hope to achieve in your session?
3. Are there any themes you are aware of in your life?
4. What are your biggest challenges?
5. Are there any areas of life that feel blocked?
6. Are there any big fears or phobias that you are aware of?
7. Do you have any unresolved trauma that you feel impacts your life today?
8. Have you experienced Hypnosis in the past? If so, what was the outcome?

**Responsibilities and Liability Release**

1. I understand that Christina Lavers is NOT a licensed Physician, NOR is she a licensed Psychiatrist/psychologist and she CANNOT diagnose NOR treat any type of physical or mental disorders.
2. I understand that Christina’s form of coaching and BQH hypnosis is spiritual in nature and not a substitute for regular health care and I should consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.
3. I understand that change is my own and complete responsibility.
4. I understand that ChristinaLavers is only a “facilitator” in the process of helping me to understand and resolve my own problem(s).
5. It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
6. I understand I may be assigned “homework” and it is my responsibility to decide whether assignments are right for me or not.
7. I also understand that I am responsible for my results and agree that Christina Lavers assumes NO responsibility for the results of this process, NOR does she guarantee its final outcome or effectiveness.
8. I understand that I may cancel my session up to 24 hours before the session begins. Credit can be used towards another session. I also understand if I fail to provide 24 hours notice a $50 cancellation fee will be incurred.
9. I understand that credit is valid for 90 days from payment date.
10. I, for myself, and my heirs, and assignees, agree to full release and discharge, and hold harmless Christina Laversfrom and against any and all claims, or liability, of any nature arising out of, or in connection with, my sessions.
11. I certify that I am a competent adult of legal age and I assume all risks and complete responsibility in the final outcome of this personal development work. If I am not an adult of legal age, my parent or guardian will indicate their approval of my receiving this session, and their assumption of all risks.
12. I am also voluntarily signing this consent form with my full legal name. This waiver and acceptance of risk is effective as of today and it can’t be revoked, altered, modified, annulled or invalidated, without the prior written consent of Christina Lavers.
13. By signing this document, I acknowledge that I have carefully read and understand all the clauses of this document and I make the commitment to abide by all its clauses. My signature also means that I understand it is my responsibility to request clarification (prior to signing) of any doubts that I may have about this subject.

Client Print full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_