Client Information

All personal information is held securely in accordance with the appropriate legislation, confidential and treated appropriately.

Last Name: First Name:

Name you like to be called:

Date of Birth: Age: Sex:

Occupation

Marital Status

Address:

Phone (Home): Cell:

Email Address:

In case of emergency

Name: Phone:

Relationship:

If someone referred you to me, please give name or source:

Briefly describe any previous medical or psychological history that you feel is relevant to your Past Life Regression or Life Between Lives Session.

Briefly describe the reason for your visit to undergo hypnosis.

Are you taking any medications or are you under medical care?

Have you ever been hypnotized before? If yes, for what reason and by whom?

I give my consent to be hypnotized by Sakura Nimura.

I understand it is possible that the regression process might uncover unpleasant past memory and this hypnosis session by Sakura Nimura is not designed to cure me of any physical problems or treat me for mental illness.

The information I am able to recall about my past lives, or Life Between Lives,® may be used for research by myself in connection with the Michael Newton Institute for

LBL Hypnotherapy, written publication, or speaking engagements to enlighten others about their purpose on earth, as long as my name and any personal identifying

information is not used other than age, gender and general occupation, if relevant.

I understand that my confidentiality will be honored.

Signature: _____

Print Name: _____

Date: _____