SCHH SESSION WITH DEREK MENDELSOHN

Client Intake Form

Full name:

Address:

Postcode:

Country:

Telephone:

Email:

Place of birth:

Gender:

Occupation:

Session date:

What would you like to achieve from a Past Life Regression session?

Do you have any phobias?

Do you have any health concerns (if so, please list)?

Do you have any diagnosed psychological issues?

If yes, is your physician aware of this problem?

Do you have any allergies?

Have you experienced any trauma(s) in your lifetime?

Do you have any addictions?

Do you have any hearing issues?

Do you have any concerns not listed, that you would like us to address during our session?

Are you able to visualise? \*Please note that this is extremely important, as we will be using focused visualisation techniques during our session, so it is a requirement that you are able to visualise in order for us to have a successful session.

As a requirement for online Past Life Regressions sessions, can you confirm that you have a reliable and strong internet connection and a headset with a microphone attachment that can be positioned in front of the mouth?

What would you like to achieve from your session?

Any further notes or concerns?

Questions for your Higher Self:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

I voluntarily agree to sign this agreement and I fully understand that Derek Mendelsohn is going to perform hypnosis and is not a doctor, nor has a degree in psychiatry, so can neither diagnose and treat any type of physical or mental disorder. I also understand that the success of this session relies on my own willingness to visualise, relax and trust the process of the technique.

1. I understand what SCHH is .
2. I am participating in this hypnosis session by my own choice because I want to be here.
3. I understand that I am not a patient, but a partner in my hypnosis experience.
4. I understand that any suggestion that may be made during this session is only informative and a part of a personal and/or educational motivation programme.
5. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
6. I understand that this hypnosis session is exclusively for educational or emotional reasons. It is not intended to be in any way used as medical or psychological advice, this can only be given by a medical professional or a mental health specialist.
7. I understand that transformation is a process and that it can take time.
8. The session will be recorded on Zoom & will emailed to the client .
9. I understand that when partaking in an online regression session, we will not be using the QHHT® technique, we will be using the SCHH technique to conduct this session.

**I give Derek permission to share my anonymous session information on Youtube, social media and/or with the wider Past Life Regression community (please circle, delete as appropriate, or highlight): YES / NO**

DISCLAIMER: Hypnosis is not intended to cure any specific condition. I make absolutely no claims of a cure for any disease. Each session is unique, and its success depends on the client’s full cooperation and trust in the entire process.

I am of legal age and understand that I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnosis techniques, by Derek Mendelsohn. Therefore, I do hereby release and discharge Derek Mendelsohn from any claims or damages, copyright, demands or actions whatsoever in any matter arising from or growing out of my cooperative participation. I have received and read this client information and agreement form and understand what I have read:

Client Signature:

Date