

*Spiritual Answers and Solutions .com*  
*Coaching Services Paperwork & Agreement*

Welcome!

Congratulations to you for taking this step towards your goals!  
To help make the most of your time, please fill out the forms completely. Please make  
note if there is an address or phone number where you are not to be contacted. All  
information on these forms will remain confidential.

Name \_\_\_\_\_ Birthdates \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by: \_\_\_\_\_ Position \_\_\_\_\_ how long? \_\_\_\_\_

Marital Status \_\_\_\_\_ how long? \_\_\_\_\_ Mate's Name \_\_\_\_\_

Children's Names/Ages \_\_\_\_\_

Mate Employed by \_\_\_\_\_ Position \_\_\_\_\_

Mate knows you are here? \_\_\_\_\_ Mate is supportive of your goal? \_\_\_\_\_

Name of present physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Primary \_\_\_\_\_ Policy # \_\_\_\_\_

Medical Insurance Secondary \_\_\_\_\_ Policy # \_\_\_\_\_

You were referred by \_\_\_\_\_

Medical Appraisal (describe briefly if the answer is yes)

Allergies \_\_\_\_\_

Phobias \_\_\_\_\_

Fear of future, death, life \_\_\_\_\_

Tightness or "lump" in throat when emotionally upset \_\_\_\_\_

Easily shaken up, heart pounds with unexpected noise \_\_\_\_\_

Prefer to be alone, uneasy when center of attention \_\_\_\_\_

Blood pressure fluctuates, is "too high" occasionally \_\_\_\_\_

A perfectionist, set high standards that are difficult to meet \_\_\_\_\_

Worry a lot, think negatively \_\_\_\_\_  
Mind races, have uncontrollable thoughts \_\_\_\_\_  
"Go to pieces" easily, dislike working under pressure \_\_\_\_\_  
Often hungry "five minutes" after eating \_\_\_\_\_  
Experience bouts of low or high energy \_\_\_\_\_  
Experience chronic fatigue? \_\_\_\_\_  
Cravings \_\_\_\_\_

Particular times of day or situation? \_\_\_\_\_  
Nervous habits \_\_\_\_\_

Particular times of day or situation? \_\_\_\_\_  
Habits: How often/quantity/type Coffee \_\_\_\_\_ Sodas \_\_\_\_\_  
Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_  
Drugs (prescription or otherwise) \_\_\_\_\_  
Other \_\_\_\_\_  
Any medical conditions \_\_\_\_\_

Current medications \_\_\_\_\_

Currently seeing a Doctor/Specialist \_\_\_\_\_  
What medications, drugs or alcohol have you had today? \_\_\_\_\_

List major illnesses, operations, accidents or trauma, with approximate age \_\_\_\_\_

Check any of the following that apply to you and when

- |   |   |
|---|---|
| <input type="checkbox"/> Problem drinking or alcoholism | <input type="checkbox"/> Substance abuse or drug addiction      |
| <input type="checkbox"/> Suicide or frequent attempts   | <input type="checkbox"/> Depression or other emotional problems |
| <input type="checkbox"/> Frequent hospitalization       | <input type="checkbox"/> Physical, mental or sexual abuse       |

Comments:

Check any of the following that apply to your family, who and when

- |   |   |
|---|---|
| <input type="checkbox"/> Problem drinking or alcoholism | <input type="checkbox"/> Substance abuse or drug addiction        |
| <input type="checkbox"/> Suicide or frequent attempts   | <input type="checkbox"/> Depression or other emotional problems   |
| <input type="checkbox"/> Frequent hospitalization       | <input type="checkbox"/> History of child, family or sexual abuse |

Comments:

If you smoke or use tobacco, how much do you consume on an easy day? \_\_\_\_\_  
On a difficult day? \_\_\_\_\_ Other \_\_\_\_\_

If you use alcohol, how much do you consume on an easy day? \_\_\_\_\_  
On a difficult day? \_\_\_\_\_ Other \_\_\_\_\_

What type/kind \_\_\_\_\_  
If you use mind or mood altering drugs of any kind, how much do you consume on an  
easy day? \_\_\_\_\_ On a difficult day? \_\_\_\_\_ Other \_\_\_\_\_

What type/kind \_\_\_\_\_  
If you use food to relieve tension or stress, how much do you consume on an easy day?  
\_\_\_\_\_ On a difficult day? \_\_\_\_\_ Other \_\_\_\_\_

What type/kind \_\_\_\_\_

Do you seem to have particularly difficult day on certain days, weeks, or month of the year?  
\_\_\_\_\_

Are you in a sexual relationship now? \_\_\_\_\_  
How many partners do you have now? \_\_\_\_\_

If you are having sexual difficulties that might be causing you internal stress or tension,  
please describe \_\_\_\_\_

Are there things or people that you can't say no to  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a safe place you can go to be alone/to get way/to relax? \_\_\_\_\_  
Where (please describe) \_\_\_\_\_

What is your religious/spiritual background? \_\_\_\_\_

What is your family's religious/spiritual background? \_\_\_\_\_

What is your perception of the original cause or origin of the world or universe? \_\_\_\_\_

By what name do you call That Which Created All That Is and what does it mean to you?  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel is your life's purpose? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your personal goals in order of importance to you \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to accomplish with today's session? \_\_\_\_\_  
\_\_\_\_\_

What have you tried in the past to achieve this goal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Here is a list of some common areas with which people seek my assistance. Please check/circle those that you feel may apply to you. If what is important to you is not on the list, please fill it in at the bottom.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abuse              | <input type="checkbox"/> Fatigue                    | <input type="checkbox"/> Procrastination                        |
| <input type="checkbox"/> Addictions         | <input type="checkbox"/> Fear                       | <input type="checkbox"/> Psychic Development                    |
| <input type="checkbox"/> Aging              | <input type="checkbox"/> Finances                   | <input type="checkbox"/> PTSD                                   |
| <input type="checkbox"/> AIDS/HIV           | <input type="checkbox"/> Future Paths               | <input type="checkbox"/> Reading                                |
| <input type="checkbox"/> Allergies          | <input type="checkbox"/> Grief                      | <input type="checkbox"/> Relationships                          |
| <input type="checkbox"/> Angels             | <input type="checkbox"/> Guided Imagery             | <input type="checkbox"/> Relaxation                             |
| <input type="checkbox"/> Anger              | <input type="checkbox"/> Guilt                      | <input type="checkbox"/> Releasing the Past                     |
| <input type="checkbox"/> Anorexia           | <input type="checkbox"/> Healing                    | <input type="checkbox"/> Restless Legs                          |
| <input type="checkbox"/> Anxieties          | <input type="checkbox"/> High Blood or Eye Pressure | <input type="checkbox"/> Self-hypnosis                          |
| <input type="checkbox"/> Anxiety Attacks    | <input type="checkbox"/> High Expectations          | <input type="checkbox"/> Self Image                             |
| <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Higher Self                | <input type="checkbox"/> Self-Motivation                        |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Immune system              | <input type="checkbox"/> Self Worth                             |
| <input type="checkbox"/> Bed Wetting        | <input type="checkbox"/> Inner Child                | <input type="checkbox"/> Skin Trouble                           |
| <input type="checkbox"/> Body Image         | <input type="checkbox"/> Inner Peace                | <input type="checkbox"/> Smoking                                |
| <input type="checkbox"/> Breast Growth      | <input type="checkbox"/> Insomnia                   | <input type="checkbox"/> Speech Problems                        |
| <input type="checkbox"/> Breathing          | <input type="checkbox"/> Intuition                  | <input type="checkbox"/> Spirits                                |
| <input type="checkbox"/> Bulimia            | <input type="checkbox"/> Languages                  | <input type="checkbox"/> Spirit Guides                          |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> Life Purpose               | <input type="checkbox"/> Spiritual Awakening                    |
| <input type="checkbox"/> Career             | <input type="checkbox"/> Life Path                  | <input type="checkbox"/> Spiritual Healing                      |
| <input type="checkbox"/> Chakras            | <input type="checkbox"/> Life Management            | <input type="checkbox"/> Spiritual Growth                       |
| <input type="checkbox"/> Channeling         | <input type="checkbox"/> Medical Anxiety            | <input type="checkbox"/> Sports                                 |
| <input type="checkbox"/> Child Birth        | <input type="checkbox"/> Medical Problems           | <input type="checkbox"/> Stress/Tension                         |
| <input type="checkbox"/> Children           | <input type="checkbox"/> Meditation                 | <input type="checkbox"/> Stroke Recovery                        |
| <input type="checkbox"/> Concentration      | <input type="checkbox"/> Memory                     | <input type="checkbox"/> Study Skills                           |
| <input type="checkbox"/> Compulsions        | <input type="checkbox"/> Menopause                  | <input type="checkbox"/> Surgery – before and after preparation |
| <input type="checkbox"/> Confidence         | <input type="checkbox"/> Meridians                  | <input type="checkbox"/> Test Taking Skills                     |
| <input type="checkbox"/> Constipation       | <input type="checkbox"/> Migraines                  | <input type="checkbox"/> Trauma                                 |
| <input type="checkbox"/> Control            | <input type="checkbox"/> Money                      | <input type="checkbox"/> Visualizations                         |
| <input type="checkbox"/> Creativity         | <input type="checkbox"/> Multiple Personality       | <input type="checkbox"/> Wealth                                 |
| <input type="checkbox"/> Curiosity          | <input type="checkbox"/> Nervous Habits             | <input type="checkbox"/> Weakness                               |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Nervous Twitching          | <input type="checkbox"/> Weight Gain                            |
| <input type="checkbox"/> Diet               | <input type="checkbox"/> Organization               | <input type="checkbox"/> Weight Loss                            |
| <input type="checkbox"/> Dreams             | <input type="checkbox"/> Pain Control               | <input type="checkbox"/> Work Problems                          |
| <input type="checkbox"/> Dyslexia           | <input type="checkbox"/> Pain Management            | <input type="checkbox"/> Worry                                  |
| <input type="checkbox"/> Eating Problems    | <input type="checkbox"/> Panic Attacks              |   |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Phobias                    |   |
| <input type="checkbox"/> Exercise           | <input type="checkbox"/> PMS                        |   |
| <input type="checkbox"/> Eyesight           | <input type="checkbox"/> Prayer                     |   |
| <input type="checkbox"/> Family Issues      |   |   |

## You Agree:

Your health and well-being depend directly on how well you care for yourself emotionally, mentally, physically and spiritually.

Your emotions, thoughts, beliefs and ideas- both conscious and subconscious profoundly affect your health and well-being.

Taking control of your life means accepting the responsibility for all areas and aspects of your life.

Positive suggestions, guided imagery and visualization directed to your subconscious mind help you in making the changes that allow you to control your life. Your subconscious is more open to these techniques with the use of hypnosis. Most people are consciously aware when hypnotized and can end the hypnotic state anytime they desire.

Your subconscious mind may refuse to accept some changes important to you, even with hypnosis, if it believes it has good reason(s) for doing so. These reasons are most often the result of mistaken beliefs you aren't even aware you have. These beliefs can be found with the use of NMR, EMDR and hypnosis. Once found, blocking beliefs, thoughts and emotions are more quickly and permanently corrected in a hypnotic state.

Being on time for appointments, meeting financial obligations promptly, (including any sessions missed without 24 hour notice), being prepared for your session and participating fully is important to reaching your goal(s). Payment before, rather than after a session is much more conducive to reaping the full benefit of the session as it provides motivation for "getting your money's worth" and it frees the mind to focus on positive expectations for the positive changes gained in the session.

## I Agree To:

Assist you in finding the most positive and beneficial ways to gain the goal(s) you seek.

Honor and respect the client/therapist relationship with professionalism and confidentiality.

Give you undivided attention and professional assistance during your scheduled sessions and to assist you- in the shortest time possible- to maximize your strengths, abilities and resources for reaching your goal(s).

## *Coaching Services Informed Consent Agreement*

Jennifer McVey is a Hypnotherapist, Regression Therapist and Past Life Therapist. She is NOT a Physician, Psychiatrist, Psychologist or Medical Doctor and makes no claim to diagnose or offer treatment of disease. While these techniques can, and in many cases do, help in correcting such problems as excess or under weight, tobacco, alcohol, drug abuse, disturbed sleep patterns, and many other behavior dysfunctions, they are not recommended as a primary therapy in those conditions which are of a purely medical or surgical nature, i.e. acute infections, internal organ disease, but only to allow the knowledge of the past to enlighten and illuminate the consenting party and present them with options for obtaining mind, body and spiritual balance. Clients with medical symptoms and conditions are required to seek the care of a primary physician before working with these techniques that can be, and frequently are, used as an important adjunct to medical care by clearing emotional blocks and mental resistance to self healing and positive change.

I have read and understand the above informed consent agreement. By my signature I consent to this agreement.

Date \_\_\_\_\_

Full Name \_\_\_\_\_  
Please Print Clearly

Signature \_\_\_\_\_