

# DANDELION THERAPIES

Natasha Joy Price



## CONFIDENTIAL CLIENT QUESTIONNAIRE

Please Note: All information will be kept strictly confidential except that which I am legally obliged to report, such as a threat of injury to yourself or others. If you are uncomfortable in any way with any of these questions, feel free to skip them. Please be aware that the more you can tell me about yourself, the more I may be of assistance to you. Feel free to use more paper/space to go into detail about any issue you wish me to know about you, or to help you with. Please complete and sign the form and return it to me prior to the session.

Please note that I will only keep your data for the period of time that you have booked sessions. Once you have completed the sessions the data contained in this questionnaire will be destroyed, and the consent form at the end will be retained for insurance purposes.

Name	
Date of Birth	Age
Address	
Town	
County	Postcode
Phone	Mobile
Email	

<p>Personal Status</p> <p>Names of Spouse if relevant.</p> <p>Names of children if relevant.</p>
<p>What is your current occupation?</p>
<p>List any current health problems.</p>
<p>Is a doctor treating you? If yes, what are the details?</p> <p>If treatment is being received please provide your doctor's name and address.</p>
<p>List any medications you are currently taking and their side effects.</p>
<p>Do you experience any compulsive tendencies or addictions?</p>
<p>Have you ever been treated by the Mental Health services? If so please explain what you have been treated for and the approximate date.</p>
<p>Please list any major operations or significant life events you have had.</p>

<p>Please list any other conditions occurring in your life that you may feel are affecting you in anyway.</p> <p>List any fears or phobias you have.</p> <p>Do you smoke or drink?</p> <p>Would you consider that you are under stress?</p>
<p>Why are you seeking therapy? Please be as specific as you can.</p>
<p>What previous experiences of therapy do you have?</p>
<p>Have you experienced Hypnotherapy or Past Life Regression before?</p> <p>Have you read books on the life between lives? (If not please wait until after your session to read anything – so you can have your own experience beforehand).</p> <p>What would you like to understand from your BL session? ie. Purpose for this life, spiritual progress or reasons behind certain relationships?</p> <p>Please list about 8 people who have had a positive or negative impact on your life. For each person write 3 adjectives to describe them. Eg. Brian – brother – angry, bully, remote. Helen – mother – hard working, loving, caring.</p>
<p>Do you follow any Spiritual / Religious practices or do meditation?</p> <p>List your three most important lifetime goals:</p>
<p>Is there anything else that I need to know about your problem</p>
<p>How did you hear about me?</p>

Any other information that may be of use?

### **RELEASE STATEMENT AND CONSENT**

The way I work with hypnosis, regression and other therapies will be to help you find your own inner resources for the healing of the problem you have come to see me about. It may involve you needing to be prepared to go into deeper and darker memories, and it may involve emotions coming to the surface and body memories being remembered (in the case of regression). I can offer to give you my best professional service to assist you on this journey, but you are responsible for your own healing. The memories that may come to your conscious awareness during our sessions, either current life memories or stories that appear to be past lives, are for you to decide on their truth.

I understand that because the results of the sessions depend on my own serious participation. Natasha Price cannot offer any guarantee. I am aware, however, that she will do everything reasonable in her ability to ensure my success.

In full knowledge of the above I hereby authorise Natasha Price to help me to enter a hypnotic trance for the purposes outlined in this intake form, or to conduct a proxy session on my behalf, and for future purposes that I may request. I understand that Spiritual Regression or BLSR is not a medical procedure and that no medical benefits are being offered to me. I also understand that that this session is not a substitute for medical treatment and that I may need my Doctors consent first. I understand that it is my responsibility to obtain this consent beforehand if required. I understand that the success of my regressions depends on my ability to participate and relax and my desire to create change in myself.

Upon booking a 50% non-refundable deposit will be payable in order to secure your appointment or place on a course. If you are unable to attend the session then you will have three opportunities to rebook on another course or at another suitable time. Upon cancellation of the third booking there will no longer be an opportunity to book and the deposit will not be refunded. If cancellation of a session is within 12 hours of the start of that session then the full charge for the session will be made.

Following the session or appointment I will be available to discuss any elements or assist further for a period of time by email or text. If you require ongoing support then I am available for long term spiritual support and mentoring at a cost of £15 per month. Payment should be made on the first of the month and will continue for a minimum of 3 months. Upon cancellation there will be no apportion of costs.

By signing below I confirm that I have read and understood the above terms and conditions and that I confirm that I will comply with them;

Signature:

Name (Please print):

Date

Please note that this Release Statement and Consent for participation in sessions will be retained by Dandelion Therapies for insurance verification if required. No other parts of the Questionnaire will be retained but will be destroyed after the session.

If you should wish to complain about the service for whatever reason, then please contact Natasha Price on [dandeliontherapies28@gmail.com](mailto:dandeliontherapies28@gmail.com) as soon as any issue arises and she will endeavour to resolve them with you.

# **Checklist for Discovering Learning Channels**

(Please mark the number of any item that seems like something that fits your nature)

## **Auditory Learning Channel indicators**

1. Prefers to have someone else read instructions when putting a model together.
2. Reviews for a test by reading notes aloud or by talking with others.
3. Talks aloud when working on a maths problem
4. Prefers listening to a cassette over reading the same material
5. Commits a number to memory by saying it repeatedly.
6. Uses rhyming words to remember names.
7. Plans the upcoming week by talking it through with someone.
8. Likes to stop and ask directions.
9. Prefers oral instructions from an employer.
10. Keeps up on news by listening to the radio.
11. Able to concentrate deeply on what another person is saying
12. Uses free time for talking to others.
13. Sings or plays a musical instrument well.
14. Prefers talking/listening games.

## **Visual Learning Channel Indicators**

1. Likes to keep written notes.
2. Typically reads a billboard while driving.
3. Puts a model together correctly using written directions.
4. Follows written recipes easily when cooking.
5. Reviews for a test by writing a summary.
6. Writes on napkins in a restaurant.
7. Commits a number to memory by writing it down.
8. Can put DIY furniture together from instructions.
9. Uses visual images to remember names.
10. Loves to read books.
11. Plans the upcoming week by making a list.
12. Prefers written directions from an employer.
13. Prefers to get a map and find own way.
14. Prefers reading/ writing games SCRABBLE

## **Strong In Touch movement (kinaesthetic) Channel**

1. Likes to build things.
2. Uses sense of touch to put a model together
3. Can distinguish items by touch when blindfolded.
4. Learns touch system rapidly in typing.
5. Moves with music.
6. Doodles and draws on any available paper.
7. An out of doors person.
8. Moves easily; well co-ordinated
9. Spends time on crafts and handiwork.
10. Likes to feel texture of materials.
11. Prefers movement games to games where one just sits.
12. Finds it fairly easy to keep physically fit
13. One of the fastest in a group to learn a new physical skill.
14. Uses free time for physical activities.