

## CONSENT FORM

Please answer all the questions, if no or not applicable type no or n/a

Full Name

Email

Address

Phone

Date of Birth

Marital Status

Number of Children

Occupation

Hobbies/Interests

Do you have any ongoing medical problems? Symptoms? Treatment?

## Fears of Phobias

Have you ever been hypnotized before?

Do you have a meditative or spiritual practice?

Current state of health?

## Research Consent

Research and Publication Consent - The information I am about to recall about my past lives, life between lives or multi-dimensional self may be used for research and/or publication by Claudia Jean Hilton and/or The Michael Newton Institute. I assign to Claudia Jean Hilton the right to use my words and anonymized identity for valuable consideration, the sufficiency of which is acknowledged here. This may include written publications or speaking engagements to enlighten others about their purpose on earth knowing my name and any personal identifying information is not used other than age, gender and general occupation. I understand that my confidentiality will be completely honored.

Agree \_\_\_\_\_ I do not  
agree \_\_\_\_\_

Name \_\_\_\_\_

## LIST OF QUESTIONS

Questions you would like answered or areas explored.

## CAST OF CHARACTERS

List significant people in your life so far. Please include relationship and interesting characteristic of each individual.

