



**Beverly F. Jones**

4541 Larner Street  
The Colony, Texas 75056  
(484) 809-9017

SilverFoxOfConsciousness@yahoo.com

**Confidential Client Information**

I understand that my guidance session with Beverly F. Jones is for the purpose of stress reduction, pain reduction, relaxation, weight loss, personal development or identifying what I want to change, remove and improve in my life. Long-term imbalances sometimes require multiple sessions to bring the body/mind/spirit back into balance.

I understand Beverly uses a combination of NLP (Neuro-Linguistic Programming), ThetaHealing®, "The One Command"® and/or hypnosis during a session depending upon what we together decide would be most helpful.

During a session, I understand that we may discuss spiritual issues as they pertain to my physical, emotional or mental states.

I understand that these alternative healing modalities are not substitutes for medical or psychological diagnosis and treatment. Beverly F. Jones does not diagnose conditions, perform medical treatments, prescribe substances or interfere with the treatment of a licensed medical professional. The recommendation has been made for me to see a licensed physician or licensed health care professional for any physical, mental or emotional ailment I have. In addition, I agree to take full responsibility for my self-care in the physical, emotional and mental dimensions of my life.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Age - Birth Date - mm/dd/yyyy \_\_\_\_\_ Marital Status \_\_\_\_\_

Present Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about Commanding Your Life / Beverly F. Jones \_\_\_\_\_

What are the reasons you are here for this session and what do you hope to achieve?

Confidential

Other areas of interest: Please circle any which apply:

- |              |                   |                    |                      |
|--------------|-------------------|--------------------|----------------------|
| Weight Loss  | Stop Smoking      | Fear of Flying     | Concentration        |
| Creativity   | Enhancement       | Self Esteem        | Forgiveness          |
| Phobias      | Relationships     | Shyness            | Shame                |
| Anger        | Relaxation        | Motivation         | Test Anxiety         |
| Depression   | Insecurity        | Sports Performance | Finding Lost Objects |
| Childbirth   | Insomnia          | Eating Disorders   | Substance Abuse      |
| Healing      | Public Speaking   | Auditions          | Confidence           |
| Hang-Ups     | Dental Procedures | Hair Pulling       | Grief                |
| Life Purpose |                   |                    |                      |

Areas you may wish to improve (not listed above):

\_\_\_\_\_

3 favorite places or time periods \_\_\_\_\_

3 favorite colors \_\_\_\_\_

3 things you most enjoy in life \_\_\_\_\_

3 core values that are most important to you \_\_\_\_\_

3 career or education goals \_\_\_\_\_

3 most important lifetime goals \_\_\_\_\_

If anything were possible, what would your life be like next week?

... Next year?

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... In future years?

What 3 things would you most like to change in the next 3 months?

Do you have any concerns about particular fears, body symptoms or compulsions?  Yes  No If yes what are they?

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Are there any past or present health conditions or experiences that I need to know about that will enable sessions to be more effective?

Are you under the care of a doctor, counselor or therapist? If yes, please explain in as much detail as you are comfortable with.

What Medications, either prescription, over the counter, herbal supplements are you presently taking?

What do you do for mind/body/spirit relaxation (self-care)?

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Interests/Hobbies?

Is there anything else you would like me to know?

Use the back of the page for any additional information.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_