

## **FORMS#**

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**(Form #C1-1)**

**Long Client Interview Form**

CLIENT NAME: \_\_\_\_\_

Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

Phone No(s): \_\_\_\_\_

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

Date: \_\_\_\_\_

1. How do you see yourself at this moment? \_\_\_\_\_.

2. Describe your ideal self: \_\_\_\_\_

3. List ten goals: [\(use Form C1-4\)](#)

4. What is your most negative thought about yourself? \_\_\_\_\_

5. What is your most negative thought about life? \_\_\_\_\_

6. What is your most negative thought about relationships? \_\_\_\_\_

7. What are your major fears, if any? \_\_\_\_\_

8. How would you describe yourself as a child? \_\_\_\_\_

9. Describe your mother (beginning with what you did not like about her): \_\_\_\_\_

10. Describe your father (beginning with what you did not like about him.): \_\_\_\_\_

11. How would you describe their relationship while you were growing up? \_\_\_\_\_

12. Any important comments about any other substitute parent, step parent, grandparent or people who took care of you? \_\_\_\_\_

13. Are you now married? Living with someone? \_\_\_\_\_

Describe your mate \_\_\_\_\_

14. What is the state of your relationship with your mate? \_\_\_\_\_

Any significant problem? \_\_\_\_\_

15. Where were you born? - State \_\_\_\_\_ Country \_\_\_\_\_

In what facility? Hospital \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

16. Were you; Wanted, Planned by both parents \_\_\_\_\_ If not, why not? \_\_\_\_\_

17. Do you have any siblings \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_..

Which child were you (birth order) \_\_\_\_\_

18. What did your parents or others tell you about your pregnancy? (Complications \_\_\_\_\_

19. Do you know anything about the labour? \_\_\_\_\_

20. Was your birth itself normal? \_\_\_\_\_

Other: Twin \_\_\_\_\_ Premature \_\_\_\_\_ Late; \_\_\_\_\_ Forceps; \_\_\_\_\_ Anaesthesia; \_\_\_\_\_

Breech; \_\_\_\_\_ Turned manually while in utero \_\_\_\_\_ Cord around neck; \_\_\_\_\_

Placenta Previa; \_\_\_\_\_ Caesarean; \_\_\_\_\_ Induced; \_\_\_\_\_ RH Factor blue

baby; \_\_\_\_\_ Blood Exchange \_\_\_\_\_ Jaundice; \_\_\_\_\_ Deformities; \_\_\_\_\_ Dry Brith \_\_\_\_\_

Other Comments; \_\_\_\_\_

21. Did your mother have any specific problem at your birth? \_\_\_\_\_

Haemorrhage \_\_\_\_\_ Infection; \_\_\_\_\_ Other \_\_\_\_\_ Post Partum Depression; \_\_\_\_\_

22. Was your father present at your birth? \_\_\_\_\_ Was he in the hospital area? \_\_\_\_\_

If not, where was he? \_\_\_\_\_

24. Were you breastfed? \_\_\_\_\_ If not, why not? \_\_\_\_\_

25. How did your older siblings feel about your arrival? \_\_\_\_\_

26. Any other comments about your conception, pregnancy, \_\_\_\_\_

27. Did you have any illnesses during your infancy? \_\_\_\_\_

If yes, explain \_\_\_\_\_

28. Did you have any illnesses in later childhood? \_\_\_\_\_

29. Did you have any major emotional traumas as a child? \_\_\_\_\_

30. For females: How many times have you been pregnant? \_\_\_\_\_

How many deliveries? \_\_\_\_\_ Any problem with those births, or children? \_\_\_\_\_

31. Are you having any problem with your body now, or recently? \_\_\_\_\_

If so describe history of illness: \_\_\_\_\_

32. Any major tensions, pains or symptoms? \_\_\_\_\_

Are you on any drugs? . \_\_\_\_\_ What for? \_\_\_\_\_

33. Are you presently under (or have you recently been under) psychiatric care? \_\_\_\_\_

34. What seminars and trainings have you done? \_\_\_\_\_

35. Do you have any negative thoughts about breathing? \_\_\_\_\_

36. What have you heard about Rebirthing? \_\_\_\_\_

37. Do you have any questions about Rebirthing? \_\_\_\_\_

38. Do you understand the concepts of Creative thought & Physical Immortality? \_\_\_\_\_

39. Are you clear about the price and the number of sessions etc? \_\_\_\_\_

COMMENTS: \_\_\_\_\_ ++ \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

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(Form #C1-2)

**SHORT REBIRTHING INTERVIEW FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Profession \_\_\_\_\_

1. Were you a planned pregnancy\_\_\_\_ or unplanned? \_\_\_\_\_
2. How many children were in your family \_\_\_\_\_ which child were you? \_\_\_\_\_
3. Were there any complications or problems with your mother's pregnancy and labour? \_\_\_\_\_
4. What were the details of your birth to the best of your knowledge (real or, imagined?) \_\_\_\_\_
5. Did you have one or more of the following Overdue \_\_\_\_ Premature \_\_\_\_ Forceps \_\_\_\_  
Anaesthesia \_\_\_\_ Breech (rear first, footling, face presentation) \_\_\_\_ Cord around neck \_\_\_\_  
Caesarean \_\_\_\_ Induced \_\_\_\_ Twins \_\_\_\_ Turned manually \_\_\_\_ Placenta preya \_\_\_\_  
RH factor, jaundice \_\_\_\_ Dry birth \_\_\_\_ Deformities \_\_\_\_ Other \_\_\_\_\_
6. Did your mother have problems at the birth or afterwards? \_\_\_\_\_
7. Were you breastfed \_\_\_\_ How long \_\_\_\_ Bottle fed \_\_\_\_ schedule feeding \_\_\_\_\_
8. Did you have serious or reoccurring illnesses during childhood \_\_\_\_\_ If so, what? \_\_\_\_\_
9. Did you have any major emotional traumas as a child? \_\_\_\_\_
10. Did your parents' divorce \_\_\_\_\_ If so, how old were you \_\_\_\_\_
11. Are you in a relationship now \_\_\_\_\_ For how long \_\_\_\_\_
12. Do you have any difficulty breathing? \_\_\_\_\_
13. Do you have any problems with your body now? \_\_\_\_\_  
Any major tensions, pains, or symptoms'? \_\_\_\_\_
14. What is the most limiting thought you have about yourself? \_\_\_\_\_
15. What is your Purpose for attending Rebirthing Consultations? \_\_\_\_\_
16. List 10 goals you would like to accomplish from this experience ([on form #C1-4](#)) \_\_\_\_\_
17. Are you regularly attending a doctor? \_\_\_\_\_

18. Do you have any diagnosed illness at the moment? \_\_\_\_\_

19. Are you on any medication - Allopathic - (Doctors medicine - not natural)?

20. Do you take any Recreational Drugs? \_\_\_\_\_

It is important not to take any recreational drugs whilst learning Rebirthing.

21. Are you - or do you think you may be pregnant? If yes - how many weeks?

22. Have you been Rebirthed previously?

23. Name of Breathworker/Rebirther Trainers

What do you understand of the concepts of creative thought and physical immortality?

Date \_\_\_\_\_

Signed \_\_\_\_\_

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## (Form #C1-3)

### Forgiveness - Numerical Energy Release

I ..... now completely forgive the Doctor and Staff who delivered me.

I ..... now completely forgive my mother

I ..... now completely forgive my father

I ..... now completely forgive myself

I ..... now completely forgive God

- Continue on with this format forgiving anyone from the past or present, abusers, siblings, spouses, etc.
- I emphasise the simple nature of the above. It is based on numerology. It is important not to 'try' to forgive – or to engender or try to engineer forgiveness emotions whilst doing exercise.
- Can be written over the 24 hours e.g. 10 in the morning, 40 at lunch, 20 in the evening.
- It is to be written without stressing or feeling forgiveness.
- Do one at a time (e.g. Doctor and staff), you cannot do multiple forgiveness releases at a time.
- Always start with Doctor and staff as this is the first experience in this life.
- Write each diet 70 times a day for 7 consecutive days in a row. Must be done over consecutive days or will need to start over from beginning. You may want to set an alarm if you think you might forget. Writing the statement 70 times a day may seem a lot but it should take you about 30 minutes and you will become faster and more efficient at it by the second or third forgiveness release.
- You can have breaks between releases. E.g. Complete Doctor and staff over 7 days and have a few days off before you start release 2 (Mother).

Rationale – Forgiveness is an organic process – as the energy releases, the authentic feelings of forgiveness will proceed at the perfect pace.

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(FORM #C1-4)

**10 Goals I will achieve from my Rebirthing Training**

List 10 Goals

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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(FORM #C1-5)

**Client Consultation Form**

Consultant Rebirther details

Name \_\_\_\_\_ DATE \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Client details

Client Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Presenting symptoms \_\_\_\_\_

\_\_\_\_\_

Seminar delivered to Client \_\_\_\_\_

Physical symptoms of Client \_\_\_\_\_

Status of Clients Breath before session \_\_\_\_\_

Status of Clients Breath after session \_\_\_\_\_

Changes occurring during session \_\_\_\_\_

General comments Rebirther \_\_\_\_\_

General comments Rebirthee \_\_\_\_\_

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## (Form #CW2-1)

### NOTE:

A stem sentence is the leading words of a statement to be followed by a part you fill in with the first spontaneous thought without editing. Sometimes the thought may seem shocking, ludicrous or non-sensical, which is part of the process. Editing out apparent unrelated spontaneous thoughts has a tendency to make this process less effective.

The part you fill in is called THE FLOWER

This Process requires COMMITMENT

With the dominant hand (the one that you use the most), write this stem sentence:

The biggest problem I have right now is \_\_\_\_\_ then write event or situation. (THE FLOWER)

[Problem is the issue. You can use the same issue each time – but word it differently]

The most negative thought I have with this problem is \_\_\_\_\_.write the thought that you spontaneously think. The first thought without editing by the judgmental part of your mind. (THE FLOWER)

How I feel about all this is \_\_\_\_\_.(write the feeling/emotion) THE FLOWER

Close your eyes and immediately focus on your body. Take notice of any feelings, sensations or physical pain, even the desire to move, or other irritation, mental or physical. In fact anything at all.

Take notice of anything that grabs your attention on any level. It all means something. Now focus your attention on the part of your physical body where the sensation is strongest. Rest your attention (consciousness) like a butterfly on the skin above where this body sensation is. Imagine, visualize, feel, see, think, hear (whatever works best for you) your skin is permeable to air (will let air through) and breathe right into the sensation. Relax into this. Close eyes; breathe right into the feeling/sensation. Connect your breath as in 20 connected breaths.

Breathe right into the sensation. Breathe connectedly, as in 20 Connected Breaths, gently into the sensation. This sensation is the physical component of suppressed emotional tension brought to your attention by your willingness to focus on your feelings. Continue to breathe connectedly, very gently, as in 20 Connected Breaths, into the sensation until it dissolves. If the sensation moves to the other part of your body – move your attention (consciousness) with it.

Because you have stimulated feelings you may (this does not have to happen for it to work) have an emotional reaction. When this happens keep breathing gently until you feel completely relaxed, calm and at peace.

Write step 1 – 3 once and if nothing is stimulated do step 1 – 3 again using the most “charged” or negative self related problem that you can think of.

It is important to do the breathing until you are completely relaxed before leaving the room. This can take different amounts of time. Set aside ½ to 1 hour for your CMR Exercise. The more days consecutively you do this the more you will benefit. You are also learning to take time for you. This is a very effective tool to get out of co-dependency and addictions.

Give this questionnaire to your client at the end of the consultation to take home. If their mother is unavailable, ask them to answer the questions intuitively.

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## (Form #CW3-1)

### Questions To Ask Your Mother About Your Own Birth

1. Mum - What do you remember about your own birth?
2. What do you remember of my sibling's births?
3. Tell me about the circumstances of my conception? i.e. Was it after a special event? Was there something momentous happening in the world. E.g. 9/11, Olympics.
4. How was I conceived? Where was I? Why did you conceive me? Why did my father conceive me?
5. Tell me about my gestation. Did any special or tragic event happen whilst I was in the womb?
6. Did you smoke, drink alcohol or take recreational drugs:
  - pre conception
  - during gestation
  - post natal
7. Did Dad smoke, drink or take recreational drugs?
  - pre conception
  - during gestation
  - post natal
8. Did anybody else in the house drink or take recreational drugs?
  - pre conception
  - during gestation
  - post natal
9. Did you take any drugs or Doctors prescribed medicines during the pregnancy?
10. Were you administered any drugs during the birth?
11. Did you have morning sickness?
12. Was I planned?
13. Was I wanted?
14. How long was the labor?
15. Who was there at the birth?
16. Did I have a doctor?
17. What was the doctor like?
  - Personality
  - demeanour
18. If there was a midwife or team, what was he/she/they like?
19. When did the waters break and how was that for you?
20. Where was Dad? Was he at the birth? If not where was he?
21. Have you had any abortions or miscarriages?
22. When did you have them?
23. After the birth were we together or were we separated?
24. Was I given the breast?
25. When?
26. If not, what was I given?
27. What sounds did you make and I make!
28. What sounds did anybody else make?
29. What noises were there in the delivery room?
30. Who looked after me immediately after the birth?
31. What was the relationship between you and Dad prior to conception?
32. What were the world circumstances during gestation & birth,

- e.g. a war or civil war going on, strikes, worldwide financial downturn, terrorist attacks?
33. Was I born headfirst, breach, caesarean, face up, cord around neck, other or a "normal" birth?
  34. Did the delivery team use forceps?
  35. Did I come out quickly or was I held in?
  36. When was the umbilical cord cut?
  37. What did you do during pregnancy?
  38. What did you eat during the pregnancy and during the birth itself?
  39. Were you shaved? \_\_\_\_\_\* This was a common occurrence
  40. Did you have an enema? \_\_\_\_\_\* in the 1960's & 1970's
  41. What was the mood of the people at the delivery?
  42. Were there other babies being born around me?
  43. What position was your body in while giving birth?
  44. What was the surface of the delivery table like?
  45. Were you frightened?
  46. What was the communication between you and Dad at the time of birth?
  47. Was there any sickness for you at the time of birth?
  48. Did anyone make a comment about me at the birth?
  49. Did I move a lot after birth?
  50. Was I smacked after the birth?
  51. What kind of baby was I? Sleepy or awake?
  52. How much did I cry?
  53. How long were you and dad together before my conception?
  54. What kind of health were you in?
  55. How far from the hospital was home?
  56. What were you wearing?
  57. Who picked you up from the hospital?
  58. What did I look like?
  59. When did you walk again after the birth?
  60. What form of contraception did you take - if any?
  61. How much money did you & dad have at the time?
  62. What were the grandparent's feelings?
  63. How much sex did you have during pregnancy?
  64. How much affection?
  65. What did you and Dad talk about just before conception?
  66. Did you pick up any messages from me inside the womb?
  67. Did many people come to see me?
  68. Did you or dad want a boy or a girl or were you both neutral?
  69. How did my brothers/sisters react to me when you brought me home?
  70. Was there any jealousy?
  71. How many relatives came to see me?
  72. Was there any alcohol connected with the birth?
  73. Did anybody smoke at the birth?
  74. What is your overall view of my birth?

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## (Form #CW3-2)

### Circumcision Trauma

An excellent technique is Freehand Writing.

Have the client find a quiet place and, with their NON-DOMINANT hand, (the one they do not normally write with), write the following stem sentence:

“How I feel about being circumcised is \_\_\_\_\_”

They should allow their thoughts to flow without any editing by the mind and complete the stem sentence. Continue writing the stem sentence and thoughts until the thoughts become repetitive. At this point review and evaluate the information. Repeat this process over several days.

Remind them to breathe connectedly whilst doing the free writing.

If they find their mind is blank, use any suitable sentence that pops into their head as a starting point.

Free hand writing or any other self- help technique assists the tension and emotional pain to be released from the body. This relieves stress and creates relaxation.

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## **.(Form #CW3-3)**

### **Conception**

#### **This exercise can be homework**

The thoughts surrounding our conception are often important clues to unravelling our purpose. The following are Exercises to “get in touch” with your conception.

Ask your client to write a brief description of the events and thoughts surrounding their conception. Instruct them to allow their mind to flow and to not be concerned whether the thoughts are fact or fiction. Include the following information:

- State of your parents relationship
- State of grandparent’s relationship to each other and to your parents and siblings
- Any illness in the family
- Financial situation
- Social and economic setting
- Were you a planned or “accidental” pregnancy
- Conceived after a miscarriage, abortion, stillborn or other birth death of an older sibling.
- Conceived soon after or during the death of a significant family member
- Did your conception cause a rift between your parents as in 2’s company, 3’s a crowd syndrome
- Conceived during times of civil or worldwide strife
- Conceived during times of worldwide celebration e.g. Olympic or Commonwealth Games, or other “happy” times

Being conceived the day Neil Armstrong walked on the moon, or the day of 9/11 (USA) initiates two very different streams of consciousness in the developing fetus.

#### **To continue the Journey, write down the answers to these questions:**

The major dysfunctions in my family were: \_\_\_\_\_

Traumas I experienced as a child were: \_\_\_\_\_

Evaluate how you have benefited in overcoming the above traumas:

\_\_\_\_\_

How I have assisted others from my experiences: \_\_\_\_\_

Remember that which has not destroyed you has made you stronger and more compassionate. Anything that has been a negative experience that you have overcome is essentially a part of your individual gift to Humanity.

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## (Form #CW4-1)

### To determine a Clients Personal Law:

- a. Have the Client fill in the Self Analysis Questionnaire
- b. Using the right hand column (Dislikes  
Use the stem sentence:  
"What must someone believe about themselves in order to think / feel / be" \_\_insert  
the first dislike in here \_\_\_\_\_  
Ask this stem sentence of each of the 12 dislikes until the person  
is as close as possible to the most abstract thought.
- c. Make note of this abstract thought until you have 3 for every section  
Myself, Mother, Father, Most Significant Lover  
(i.e. 12 Bottom Line thoughts)
- d. Have the client select the most powerful thought for them Out Of each section, thus  
reducing  
12 Bottom Line thoughts to 4.
- e. Have the client pick one out of the four thoughts.  
This is their Personal Law..
- f. Determine their Eternal Truth. (i.e. their highest positive opposite thought
- g. Teach the following Healing Technique

I

Affirmations Principal (i.e. affirmations written with a response column)

I acknowledge Leonard Orr as the founder of Rebirthing and as the founder of the Personal Law technology.

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**(Form #CW4-2)**

**SELF ANALYSIS QUESTIONNAIRE**

Client fills out both columns.. Use only the right hand dislikes in the Self Analyses process.

**THREE THINGS I DISLIKE / LIKE ABOUT:**

## Like

### A. Myself

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### B. My Mother

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### C. My Father.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### D. My Most Significant Lover

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### E. My three greatest pleasures

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### F. My three greatest fears

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Dislike

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## (Form #CW4-3

### **USEFUL SUGGESTIONS FOR APPLYING THE TECHNIQUE OF AFFIRMATIONS**

1. Write each affirmation 10 to 20 times. Writing is an extremely powerful technique of autosuggestion.
2. Work with one or more every day. Good times are just before sleeping, before starting the day, and especially whenever you feel at effect. They can also be recorded on cassette tape and played back to yourself. The best way to do that is by recording each affirmation 5 to 10 times so that you have time to think about them when they are playing.
3. Make a list of the affirmations that are most meaningful to you.
4. Put specific names and situations into the affirmations.
5. Play with the vocabulary in the affirmation - make it personal and meaningful to yourself.
6. Say the affirmations to yourself in the first, second, and third person as follows:  
(I,(name), now like myself.; You, (name) now like yourself.; (name) now likes him/herself.
7. Feel free to invent new ones.
8. Continue working with them daily until they become totally integrated into your consciousness.
9. To dissolve negative mental patterns and free maximum aliveness in your consciousness write each affirmation in order 10 to 20 times. Note the ones that are most meaningful or produce the greatest change. Continue working until they go flat. When they go flat, you are total cause and master of the results implied by the affirmations.

### **Instructions for Response Affirmations**

Write the affirmation in the 1st , 2nd , 3rd person, I am – she/he is - you are.

If you speak a different language, write the affirmations in your mother tongue – the language of your birth and early childhood as well as the language you speak. i.e. you now speak very good English and even think in English, but French, German, Italian, Greek, etc. was your first language. So you do the affirmations in both languages. Your first language (your mother tongue) is embedded in your early memories.

Swap writing dominant hand to non- dominant hand occasionally to reveal unconscious patterns.

If you had a family nickname, insert the nickname along with your given name. i.e. I John, Johnno, etc., I Patricia, Patty, etc., I Pauline, Polly, etc.

Allow yourself time and a safe private space to feel your feelings without interruption.

When feelings reveal themselves take 20 Connected Breaths and relax your body.

Extra value can be gained by what I call The Ultimate Response Column Technique, which you include all your responses.

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**(Form #CW4-4)**

**Technique of Affirmations with Response Column**

Select a relevant self-affirmation. Write it on the left of the page. Then listen to your immediate response. It may be a thought, feeling or body sensation. Record this on the right hand side. Continue writing the affirmation on the left and your response on the right until you fill the page.

**AFFIRMATION  
COLUMN**

**RESPONSE  
COLUMN**

AFFIRMATION COLUMN	RESPONSE COLUMN

**(Form #CW4-5)**

**The following is a simpler Personal Law Consultation  
Personal Law Consultation**

**Step 1.** Have Client fill in Handout – 10 Most Negative thoughts I hold about myself.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Step 2.** Client picks the strongest or the one with the most charge

**Step 3** Ask the client to say the following Stem Sentence: - adding the thought from step 2  
The reason why I think/feel ( Insert the Most Negative thought from step 2 )

**Step 4** Have the client repeat the stem sentence adding the reply from the previous iteration until they start repeating.

**Step 5.** By extrapolation the client will arrive at a base-line deep-seated negative thought.

This is your clients Personal Law.  
It will be an I am –(thought)  
e.g. I am not good enough/ not wanted/ not adequate/ not worthy.

**Step 6.** Assist the client to invent a “positive opposite” thought as Healing Medicine.

**Step 7.** Teach the Client to master the Affirmations Technique.

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## (Form #CW4-6)

### **A Guided Self Analysis Technique to Determine the Personal Law of a client in relationship to a particular personal problem.**

This guided Self Analysis Technique is very effective for particular personal problems. It is similar to personal law and drills down to base line thoughts a client might hold. It is the Personal Law of that particular problem i.e. weight, relationships, money, etc.

**Step 1.** For brevity - A quick Personal Law check.

Client reads the following list of Personal Laws and intuits which one is their Personal Law

1. I'm not good enough
2. I'm not OK
3. I'm bad
4. I'm evil
5. I'm worthless/Unworthy
6. I'm wrong
7. There's something wrong with me
8. I'm incapable
9. I'm inadequate
10. People hurt me / I hurt people { These two abstract up to the above and are included because }
11. I am not wanted { the client may not be willing to go past this point }

**Step 2.** Client writes the 10 most negative thoughts they hold about their particular personal problem i.e. weight, money, relationships, etc. etc.

**Step 3.** Client chooses one thought from their list of 10. The thought that holds the most "charge," suppression and emotions.

**Step 4.** Using the stem sentence... The reason I feel/think..... (in here the Rebirther inserts the statement the client has chosen from the list of 10 most negative thoughts about their particular problem.)

For example -The client has relationship issues and they have chosen out of their 10 issues on relationships - "Men always leave me for someone else."

The statement the Rebirther would then say to the client - and have the client repeat it - is "The reason I feel I don't deserve to have a committed long term relationship"(maybe adding "and men always leave me is...") or the Rebirther repeats the full actual statement of the client which would read "The reason why men always leave me for someone else is....." This is deemed the Stem Sentence and the additional answer added to the stem is deemed The Flower.

**Step 5.** Using whatever the client said when they have repeated the above statement, the Rebirther says - the stem sentence .. and adds whatever the client said in relationship above.

**Step 6.** The format continues until the client has stated all their make wrongs/ negative thoughts about relationships.

The purpose of this exercise is to gently and firmly guide the client deeper and deeper into their feelings and higher up the hierarchy of their negative thoughts about that particular issue until the client has a "breakthrough." The protocol for the consultant is to allow the client the space to expand until the "breakthrough" occurs. This "breakthrough" is a palatable, visible sense of relief and relaxation of body and mind. The client knows they have "hit the spot" sometimes saying "I feel my mind is clearer/ my body is relaxed/ my mind is empty/ or similar statements.

During the process the client may have childhood/ or other memories. A short time talking about these memories during the steps 1 - 6 is effective.

**Step 7.** What to do about the most negative thought the client has discovered for themselves. That's a conundrum. I have always found the most effective for the client is to ask them what they think is best for them self. In this case, the old saying "the customer is always right" works. They know how they arrived at the problem; they also know how to integrate it. A little gentle guidance can be useful if they ask for it - just being there in silence and trusting the client has always worked for me.

Of course there are affirmations, etc., etc., etc. and more etc.'s. In my experience, if the client doesn't come up with an answer for themselves, then they haven't come up with the most negative part of their mind and experiences which led them into the problem in the first place. People are sophisticated and smart. Their mind and emotions driving the issue, once removed, leaves space for them to clearly see and think their way out of the issue. Trust them. It's the Loving way to set them free.

You will notice that the first repeat with the additional added statement "The reason why I feel I don't deserve a committed long term relationship and men always leave me" has added value because it delegates the responsibility back to the client.

If you, the consultant, feel they are not ready for that, you use only their original statement.

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## (Form #CW5-1)

### Parental Patterns

Resources: Paper and crayons or coloured pencils.

#### Facilitate your client to do the following

1. With their non- dominant hand (the one they don't write with), draw three trees  
\* Do not tell the client the three trees are the parents and themselves.
2. Take no longer than 10 minutes.
3. Ask them to name each tree with the names of their parents or major caretakers (if adopted, etc.) and themselves.  
One tree is Dad, one is Mum and one is them. These 'trees' are a slice of their sub-conscious attitudes that were developed in relationship to their parents. They choose which tree has which name.
4. Now have them examine the 'Trees' in relation to one another.

#### Simple questions questions for them to ask about their artwork

- Is there a big 'domineering tree'
- Are all trees the same size
- Are the trees crowding in on each other
- Are some trees bearing fruit and other(s) barren or dead
- Are all or some of the trees grounded with lots of roots
- Are some trees bright colours and others dull and dark colours
- Have I drawn any surroundings i.e. sun, grass, etc.

Since Art can 'fly under the radar' of our conscious mind we can get insights into ourselves. Have your client close their eyes and meditate for a few minutes on the overall energy of their 'Trees' Art.

### Approval/Disapproval Fact Finding Sheet

#### "How to"

Get your client to ask themselves the following questions instructing them to remember to say the first thought of their mind without editing. If nothing comes to them instantly, get them to repeat the question again until an answer does come.

1. Something my mother disapproved of me for was/is \_\_\_\_\_
2. Something my father disapproved of me for was/is \_\_\_\_\_
3. Something my parents disapproved of me for was/is \_\_\_\_\_.
4. Something my mother approved of me for was \_\_\_\_\_
5. Something my father approved of me for was \_\_\_\_\_.
6. Something my parents approved of me for was/is \_\_\_\_\_

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## (Form #CW5-2)

### Self Talk and Affirmations

Affirmations with responses are a great way to unravel your “mind set” on approval/disapproval. The following affirmation techniques are examples of ways to use a response column.

Example #1 is a basic response technique. Response affirmations are very effective for establishing self talk and self esteem.

I suggest you read the short list of affirmations and choose the one that feels right for you at this moment or make up your own. If your inner child, and you as a child, took some pretty severe mental/physical/emotional battering, you may need to persevere until you have gained some tenure and trust with your “inner self.”

Refer back to the chapter on specific negatives and personal law for a more advanced technique.

### Affirmations for Parental Disapproval Syndrome

I, \_\_\_INSERT NAME HERE\_\_\_, am always highly pleasing to myself in the presence of others.

I \_\_\_INSERT NAME HERE\_\_\_, love and approve of myself.

I \_\_\_INSERT NAME HERE\_\_\_, am innocent.

I \_\_\_INSERT NAME HERE\_\_\_, am eternally worthy of Unconditional Love.

Since God/Great spirit has already declared me worthy of love I naturally love and approve of myself.

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## (Form #CW5-3)

### Facilitate your client through the following process

#### Step 1

On a sheet of paper write your biological parents as Mum & Dad, then brothers and sisters and if adopted or brought up by other caretakers write their names. Also the names of anyone with whom you feel incomplete i.e. husbands, wives, school friends, business partners, teachers, Doctor & staff, or whoever delivered you, etc.

#### Step 1a

Make a collage of photos of:

- Your parents at the time you were born – wedding photos are great. Remember your parents were young and beautiful then.
- Yourself as a baby, child, teenager and adult. School photos as well.
- Brothers, sisters, lovers, husbands.

If you can't get photos do drawings.

Put the list on the collage and pin up in the place where you intend to do the Take Notice of Everything Relationships Meditation.

This meditation is best done sitting at a table using a comfortable, straight backed chair. If you feel overwhelmed or sad, fold your arms on the table and rest your head in your arms.

#### Step 2

With non dominant hand (the one you don't usually write with) start with the parent of choice and write:

Mummy/Daddy the biggest thing I feel .....(write an emotion) about is .....  
..... (write an event, situation or an overview from your childhood).

#### Step 3

Then close your eyes and immediately focus on your body.

Take notice of any feelings, sensations or physical pain, even the desire to move, or other irritation, mental or physical - in fact anything.

Take notice of anything that grabs your attention on any level. It all means something.

Now focus your attention on the part of your physical body where the sensation is strongest. Rest your attention (consciousness) like a butterfly on the skin above where this body sensation is. Imagine, visualize, feel, see, think, hear (whatever works best for you) your skin is permeable to air (will let air through) and breathe right into the sensation. Relax into this.

Close eyes; breathe right into the sensation. Connect your breath as in 20 Connected Breaths. Breathe right into the sensation. Breathe connectedly, gently into the sensation. This sensation is the physical component of suppressed emotional tension brought to your attention by your willingness to focus on your feelings/emotions.

Continue to breathe connectedly into the sensation until it dissolves. If the sensation moves to the other part of your body – move your attention (consciousness) with it. Because you have stimulated feelings you may (this does not have to happen for it to work) have an emotional reaction. When this happens – lie down and do the Connected Breathing keeping

your attention on the strongest sensation. Keep breathing gently until you feel completely relaxed, calm and at peace.

Do this process to completion. Swapping to another parent/caretaker parent is usually not as effective.

Do this meditation in a private, comfortable room. If possible, have no phone or other distractions.

Do one complete set. (Steps 1, 2 & 3). If you have enough time, do one more set.

Always leave plenty of time for integration, and only leave the room when you are completely relaxed.

Save all the sheets of paper and when you feel there is no more to write about with that particular parent continue on.

#### **Step 4**

Write a letter to that parent including everything you wrote about in Take Notice of Everything Relationships Meditation. Let your feelings flow as you write. Stop, close your eyes, and breathe connectedly whenever feelings come up as in the Take Notice of Everything Meditation.

#### **Step 5**

Read the letter to your Rebirther.

#### **Step 6**

When you are satisfied that you are complete with the person to whom you wrote the letter, you may choose to post it to them or conduct a ceremonial completion without involving them, or if the person is deceased or unavailable, others who have undergone this process have reported that burning the letter brings a sense of satisfaction and completion. Some have chosen to burn the letter regardless of whether the person is living or deceased.

During this crucial time of change Take Notice of Everything, especially people who come back into your life, how relationships are influenced and how you feel. Unravelling your family patterns and opening up your energy flow can be very rewarding.

Remember it is not what you know about your childhood that keeps you a prisoner of the past. It is what you do not know. Every new discovery on your journey releases some past negative energy, enabling you to create a better future.

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**(Form #CW6-1 )**

**Death Urge Questionnaire**

**Rebirther Consultant to ask client**

1. Remember/Recall the first time anyone told you "you had to die."

The first time I heard about death was \_\_\_\_\_

2. Rebirther discusses with client the following:-

- a. If your parents are no longer alive
  - i. What age did they die?
  - ii. What did they die of? Especially the parent of the same sex as you.
  
- b. Family patterns in illness and death
  - i. Symptoms and diseases your parents have or have had.
  - ii. Symptoms and diseases you have had.
  - iii. Are there any correlations, similarities?
  
- c. Discuss Grandparents or further back in family tree if you can access that info.
  
- d. Any foetal death, miscarriages, abortions before you?
  
- e.. Any deaths in the family while you were gestating?
  
- f. Any near-death experiences as a child? Drownings, violent attacks, accidents, etc.
  
- g. Closed Eye Technique. Client to fill in the blank

**Rebirther to ask client to close eyes and answer following**

- i. If you were to die, you would die at the age of \_\_\_\_\_?
  
- ii. How would you die \_\_\_\_\_?

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**(Form #CW6-2)**

**Client Workbook.**

**Step 1 Question #1**

A reason why I would not want to live forever is \_\_\_\_\_

Keep repeating Question #1 until you feel you have completely emptied your mind. The answers will often come out as negative thoughts.

**Step 2 Question #2**

Ask this once only. You only need one answer.

The MAIN reason I would not want to live forever is \_\_\_\_\_

**Step 3 Question #3**

Ask once only.

The most negative thought I have about life is \_\_\_\_\_

**Step 4 Question #4**

Ask once only.

The most negative thought I have about myself is \_\_\_\_\_

**Step 5**

From step 2

The main reason I would not want to live forever is \_\_\_\_\_

From step 3

My most negative thought about life is \_\_\_\_\_

From step 4

The most negative thought I have about myself is \_\_\_\_\_

These three thoughts form the core of your client's death urge matrix. They are the three pillars that continually support their deathist mentality. Changing these thoughts will cause the false structure to crumble and release client's tremendous life enhancing energy.

**Step 6**

Review the basic elements of each of the three negative thoughts and simply reverse each thought into a positive context.

**Step 7**

The client to write the three positive thoughts.

**Step 8**

There will now be three positive context statements. This is called a Decree.

**Step 9**

The client writes this Decree on to a bright colored poster size paper and displays it in a prominent place where they will see it daily.

### **Step 10**

Instruct the client to repeat the Decree daily as a meditation until they can repeat it without looking at the poster. It is then having a positive effect on their mind.

**I am alive now; therefore my Life  
Urge is stronger than my death urge  
As long as I continue to strengthen my  
Life Urge and weaken my death urge,  
I will go on living in ever increasing  
health and youthfulness.**

Client puts this on wall and learns it off by heart until they can repeat it without looking at the words. The affirmation is then having an effect upon your client's subconscious.

The following Exercise can be very helpful if your client presents with an existing disease. Unravelling their thought system about the disease can reduce the symptoms dramatically.

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**(Form #CW6-3)**

**Any time that your client has any negative symptom (illnesses) in their body they can begin clearing it immediately with this process.**

1. The reason I have created \_\_\_\_\_ (insert disease/condition here) is:

Keep saying all the reasons until they begin to repeat themselves. They will come out as negative thoughts. ask them for their most negative thought about themselves.

My most negative thought about myself is \_\_\_\_\_  
write answer

3 From 1(a) above (the main reason ....) and 2 (the most negative ....) create an affirmation to work with.

My new affirmation from this process is: \_\_\_\_\_

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**(Form #CW7-1)**

**Complete the following Exercise with your client**

To gain insight into Religious Trauma of your client.

The client says the stem sentence out aloud and fills in the gaps with their spontaneous thoughts.

People are out to .....

God is out to .....

People is out to .....

God is out to .....

People are out to .....

God is out to .....

People are out to .....

God is out to .....

People are out to .....

God is out to .....

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## . (Form #CX-1)

### Memory Jogging Questions

#### Questions to ask your Client

- A country or place you always wanted to travel to. - they probably had a pleasant past life there.
- A country or place you would not like to go to. - similarly, they probably had an unpleasant past life there.
- Scars on their body, operations.
- Early childhood memories of having lived before.
- De-ja-vu experiences.
- Travel memories.
- Visions and dreams.
- Movies, Books, Plays, Paintings, Artwork and Photographs.
- Near Death Experiences.
- Family Tree Investigations. E.g. memory stimulated by photographs and information. People in old photo's who look like you and other family members.
- Current illnesses  
e.g. asthma and other respiratory problems can indicate death by suffocation or drowning.  
Neck problems death by hanging, etc.  
Headaches death by blow to the head  
Chronic pain in any part of the body can be death by body puncture, spear, knife, axe, etc. or torture.  
Eating disorders - starvation in Past Life.
- Phobias.

#### What is the major problem in your life today?

i.e. Relationships, addictions, recurring illnesses, work problems, etc.

**Facilitator to write down answer to major problem.**

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(Form #CX-2)

**Past Life Negative Thought Process**

**Most Negative Thought Technique**

Write down the 10 most negative thoughts

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Client to choose the one that has the most “charge”.

**Stem Question**

- a. “The reason why I think / feel” . (Insert thought with most charge) is \_\_\_\_\_
- b. Keep asking the stem question, with what the client says added on, until you and they feel they have reached the most negative thought they hold at this moment.
- c. Write down this thought for later reference.

Most Negative Thought is . \_\_\_\_\_

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