**Freedom Session with Kerri Kenyon-Dern**

**Client Profile**

Are you in an emergency or life threatening situation? Are you having suicidal ideations or thoughts of self harm? If yes, please explain in as much detail as possible:

What are you currently experiencing that acted as a catalyst for you to schedule this appointment?

What do you hope to receive from your freedom session with Kerri?

Have you tried other avenues of therapy or counseling? If yes, tell us briefly about your experience:

Are you currently taking any prescription medications for depression? If yes, please list names/dosage:

Do you prefer a zoom/video or phone appointment?

**Client Information:**

Name(s) of person(s) attending session:

City, State, County of residence at the time of appointment:

Phone:

Email:

If you have a confirmed appointment with Kerri please list the date and time here:

Do you agree to listen to part 1 & 2 of Kerri’s online messages and complete the Freedom Journal prior to your appointment?

Anything else you would like Kerri to know prior to meeting with her?