

Jerri L. Wilkerson, MEd

Certified Hypnotherapist

Reiki Master/Teacher

Medicine Wheel Practitioner

INTAKE QUESTIONNAIRE

Note: All information will be kept strictly confidential except that which I am legally obliged to report such as threat of injury to yourself or others. If you are in any way uncomfortable with any of these questions, feel free to skip them. Please be aware that the more you tell me about yourself, the more I may be of assistance to you. Feel free to use the back of the questionnaire to go into detail about anything you wish for me to know about you or to help you with. It is my honor to assist you.

- Name _____ Date of Birth _____ Sex _____
Address _____ City _____ State _____ Zip Code _____
Daytime Phone _____ Evening Phone _____ Email: _____
Personal Status: Married _____ Single _____ Divorced _____ Gay _____ Bi-Sexual _____
Names & Ages of Children _____ Partner's Name _____
- List you 3 favorite colors in order of preference: _____
 - List you 3 favorite places in order of preference: _____
 - On vacation do you prefer relaxation or excitent? _____
 - List any fears: _____
 - Do you experience any compulsive tendencies? _____
 - List any current health problems. _____
 - Are you being treated by a physician? Yes ___ No___
If yes, for what? _____
 - Are you being treated by a psychologist/psychiatrist? Yes ___ No___
If yes, for what? _____
 - List any medications you are currently taking. _____
 - List any herbs or vitamins you regularly ingest. _____
 - List you 3 most important life-time goals. _____
 - Please list you 3 favorite past-times/hobbies. _____
 - What is you current occupation? _____
 - Do you enjoy your work? Yes ___ No ___
 - List the things that you like to do but that you want to be better at. _____
 - If you could be, do, have or become anything, what would you wish for? _____
 - Why are you seeking hypnotherapy? _____
 - Are you currently experiencing any of the following? (Please circle all that apply.)
nervousness inability to relax sleeplessness compulsive tendencies nail biting
teeth grinding nightmares cigarette smoking alcohol abuse drug abuse
compulsive overeating codependency inability to focus attention poor memory
marital problems recent divorce war trauma fear of heights death of a loved one
childhood trauma lack of energy poor self esteem abusive home situation
abusive work situation current illness/poor health lack of success
other, explain: _____
 - Do you follow any religious or meditative practices? Yes ___ No ___
If yes, describe: _____
 - List any other conditions occurring in your life that you believe are negatively effecting you in any way. _____
 - Use additional paper to tell me specifics of you needs/concerns, if necessary.

HYPNOSIS RELEASE: I hereby authorize Jerri L. Wilkerson to hypnotize me for the purposes outlined in this intake form and for future purposes that I may request. I understand the success of my hypnosis therapy depends greatly on my own ability to relax and desire to create change in myself. I understand that because the results of my sessions depend greatly upon my own serious participation that Jerri L. Wilkerson cannot offer any guarantee of the success of my treatment. I am aware however, that Jerri L. Wilkerson will do everything reasonably in her power to ensure my success.

Signature: _____ Date: _____