

This is Your Life

I AM:

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

TELEPHONE: daytime (____) _____

evening (____) _____

Cel phone *(in case I need to reach you after you've left for our appointment)*

(____) _____

E-Mail _____

DATE OF BIRTH _____

Day of birth (Mon, Tues, etc.) _____

Time of birth _____ [] East Coast [] Central

[] Mountain [] West Coast

YOUR OCCUPATION _____

MARITAL STATUS _____

If partnered, spouse or partner's name _____

NOTE: *If you have ingested any **mind altering drugs** within the last three days, **please reschedule** to allow your body time to cleanse before a hypnotherapy appointment.*

◆ *Prescription drugs taken regularly, such as anti-depressants, are an exception.*

The following questionnaire provides vital information to guide your healing process and is a catalyst to surface within you specific thoughts and feelings to prepare you for your healing journey. **There are no right or wrong answers.** Please be patient and answer each question with care and honesty.

Reason for appointment / your goals

1. What led you to schedule this appointment?

9. **A Personal Goal** I would like to achieve is :

10. A **Career Goal** I would like to achieve is:

Family history

11. What are your Mother's and your Father's names? Are they alive or deceased? If deceased, what was the cause of death?

12. How was your relationship with your parents?

13. Did you **feel** loved and nurtured by your parents when you were growing up?

14. Did you **feel** ignored by your parents when you were growing up?

15. When you were growing up, did you have any imaginary playmates, if yes, explain:

16. Do you have siblings? Yes No (if no, skip to Q 19):

17. What is your birth order?

Only child (skip to question 19) Oldest Middle child Youngest
 Other. If other please explain:

18. Please list each of your siblings in their birth order (give year of birth if you have it). Include yourself in the list to show where you are in the birth order. Are any deceased?

19. Describe the personalities of your siblings and what it was like growing up in their presence. If you had **no** siblings what was that experience like:

Birth History:

20. Were you ('x' all that apply):

- Adopted Vaginal birth Caesarian
 - Long difficult birth Stuck in the birth canal Complications
 - Forceps used Transverse Lie (baby is sideways in womb) Breech birth
 - Birth was held back Birth was overdue Birth was induced
 - Birth was very fast Birth was premature Incubated after birth
 - "Wrong" gender Illegitimate pregnancy Unplanned pregnancy
 - Twin/Triplet etc. Was a twin but the other fetus died
 - Mother thought about or attempted an abortion
 - Mother lost or aborted babies before me _____
 - Mother used general anesthesia Mother used spinal block
 - Separated from mother after birth / put in an incubator _____
- Please write down anything else you know about your birth:

21. Did your family maintain secrets out of shame, blame or fear? Please explain:

22. Have you ever had an abortion or miscarriage? *(if you are a male, check "Yes" if your wife or girlfriend ever miscarried or aborted a pregnancy for which you were the father)*
[] Yes [] No (if no, skip to Q24)

23. If yes, please indicate when / what / how often:

24. Do you have Children? If yes, please list their names and ages and/or birthdates.
Please include all children deceased, miscarried, and alive. If deceased, please list the cause of death:

25. If you have deceased siblings, children or parents, or a deceased spouse, have you ever felt their presence around you? If yes, how often:

26. What family members are you currently living with?

27. Describe how you relate **emotionally** and **mentally** to the **individual(s)** you currently live with:

Spiritual profile:

28. The religious practice in which we were raised often has a significant effect on us.
What, if any, practice were you raised in?

29. How important was this practice / belief system to your parents?

30. What impact did it have on you, emotionally and spiritually?

31. Do you still hold similar beliefs or follow this practice? If not, why not, and what beliefs, if any, do you follow?

32. My **Spiritual** well being is **(LOW)** < 1 2 3 4 5 6 7 8 9 10 > **(HIGH)**
Please explain:

33. Do You **meditate**, _____ If yes, how often, and what is your level of concentration,
10 is the highest level: < 1 2 3 4 5 6 7 8 9 10 >

34. Do You have other **spiritual** practices, (Chanting, prayer, yoga, etc) _____ if yes,
what are they:

35. Do You have a **spiritual connection**, (example: God, Gaia, Buddha, Universe)
_____ if yes, what name do you use to address this connection:

36. Do you believe in **past lives**, _____ If yes, Why :

33. Have you ever been hypnotized? Yes _____ No _____
If Yes, for what purpose? _____
When? _____
By whom? _____

What were the results of your experience?

Emotional and mental profile:

34. My **emotional (moods, feelings, etc)** well being is (Choose one):

(LOW) < 1 2 3 4 5 6 7 8 9 10 > (HIGH)

Please explain:

35. My **Mental (thoughts, racing mind, pre-occupations, etc.)** well being is (Choose one):

(LOW) < 1 2 3 4 5 6 7 8 9 10 > (HIGH)

Please explain:

36. **On a scale of 0 to 10 with 10 being the highest, I am generally:**

(Place a number in each of the following blanks)

Successful	_____	Observing	_____	Opinionated	_____
Open-minded	_____	Optimistic	_____	Friendly	_____
Fearful	_____	Withdrawn	_____	Happy	_____
Loving	_____	Sad	_____	Pessimistic	_____
Unloved	_____	Calm	_____	Resourceful	_____
Creative	_____	Worried	_____	Compassionate	_____
Impatient	_____	Resentful	_____	Angry	_____
Helpless	_____	Preoccupied	_____	Blaming	_____
Introspective	_____	Overwhelmed	_____	Depressed	_____
Suicidal	_____	Self controlled	_____	Controlled by others	_____
Controlling of others / things / events _____					

37. My happiest experience was:

38. The last time I felt sad was:

39. I ask for help when I need it, **YES** _____ **NO** ____ If no, then why:

40. I admit my mistakes and defeats without feeling ashamed or "less than"
_____ if no, why not :

41. I am open and honest and not afraid of letting other people see my real self
_____ if no, why not:

42. If I could change something about myself, I would change:

43. I observe the negative or critical thoughts I think about myself and I **immediately**
change them to positive ones _____ if no, why:

44. Do you have a primary love relationship: _____Yes _____No

45. If yes, how well do you function in the relationship. Has the relationship always been
satisfying? If no, what kept it from being satisfying?

46. When I **think** about and **feel** who I am, I see myself as:

47. Other people see me as:

48. When I have a problem I discuss it with:

49. I manage stress by:

50. What makes me feel guilty or ashamed:

51. Does food satisfy your hunger:

52. I have had the following traumas in my life (although many people think of trauma as emotional, physical, or sexual abuse, incest, etc., trauma is “in the eye of the beholder”. If something happened to you that still affects you, such as moving away from nurturing grandparents, etc., losing a loved one, etc., please share it here.)

53. “X” for each of the listed behaviors that you:

- Have done more than other people do; or,
- Started doing it and found that you felt “ancy” or out of sorts if you did not do it frequently, every day or multiple times a day; or,
- Found that the behavior no longer satisfies you and you have had to increase the amount or frequency of it; or,
- Have felt like you should hide your behavior, or the frequency of it, from others.

For each item “x’d”, please explain:

___ Shopping _____

- ___ Eating _____
- ___ Sugar or sugary foods _____
- ___ Exercise _____
- ___ Cleaning, self or surroundings _____
- ___ Drinking _____
- ___ Prescription drugs _____
- ___ Illegal drugs _____
- ___ Pornography _____
- ___ Gambling _____
- ___ Sex _____
- ___ Binging _____
- ___ Purging _____
- ___ Hurting yourself _____
- ___ Risky behaviors _____
- ___ Internet _____
- ___ Working _____

54. Please list any fears or phobias:

55. How well do you sleep:

56. Are you rested most of the time and how would you rate your physical energy level:

57. Do you dream, if yes, do you remember your dreams:

58. Do you have **repeating dreams**, if yes, please explain:

59. Are there any **repeating patterns** in your dreams (a repeating pattern would be if the dream itself is different but the underlying theme, such as being afraid, lost, exposed, etc., is similar), if so please explain:

Physical Well-Being

60. My **Physical** well being is **(LOW)** < 1 2 3 4 5 6 7 8 9 10 > **(HIGH)**

Please explain:

Medical History

61. I have experienced the following symptoms in the past 6 months (“x” all that apply):

Insomnia _____	Back Pain _____	PMS _____
Indigestion _____	Muscle/joint Pain _____	Headaches _____
Colds/Flu _____	Constipation _____	Diarrhea _____
Pneumonia _____	Menstrual Cramps _____	Poor Appetite _____
Chest Pain _____	Easy Bruising _____	Skin Problems _____
Heart trouble _____	Respiratory _____	Epilepsy _____
Fatigue _____	Weight Loss _____	Weight Gain _____
Confusion _____	Listlessness _____	Allergies _____
High/low blood pressure _____		
Bladder/Kidney Infection _____		
Inability to relax _____		
Other _____		

Please list any chronic health problems: _____

62. I eat mostly: Vegetables ____ Dairy Products ____ Whole-Wheat Products ____
 Meats ____ Fish ____ Fruits ____ Rice ____ White Bread ____
Other: _____

63. In general, my eating and drinking patterns are:

64. Are you **currently** being **treated** by a physician, _____ if yes, for what condition and/or symptom(s):

65. Are you currently taking any medications? If yes, please list	Yes _____ No _____
Medication	For what condition
_____	_____
_____	_____
_____	_____
_____	_____

Physician's Name and Address _____

Permission to contact physician? _____ Physician's phone _____

Therapy history

66. Are you currently seeing, or have you recently completed with, any personal counselor, psychotherapist, psychoanalyst, or psychiatrist? No _____ (skip to question 67)

Yes, still seeing _____ Yes, recently completed _____

If yes: Name _____
Address _____
Phone _____

Permission to contact? Yes _____ No _____

If more than one, please list at the end of this form.

Please note: it is highly recommended that you are open and honest with any current therapists about your reasons for consulting with me. If you are completing with another therapist in order to work with me, I ask that you practice healthy completion by informing her/him of your decision and reasons for your decision. If this is difficult for any reason, you and I may have a discussion of the difficulty and process it in a session. After that session, any continued inability to be clear and open with current therapists may be considered reason to suspend treatment. It may be helpful for me to consult with your former therapists, especially recent ones, and we would approach this in a similar way.

67. Have you **ever** been in therapy _____ if your answer is yes, why and how long:

68. If yes, what is/was your diagnosis and code? You might find this on the insurance receipts from your sessions. For example, the DSM code for Generalized Anxiety is 300.02). If you want me to give you a receipt to submit to your insurance company, this will help to speed the process of reimbursement for you.

Diagnosis: _____ DSM Code: _____

69. How did you hear about me?

Referral [] From whom? _____

Internet search:

Other _____

Responsibilities – Mine and Yours

As your practitioner, I will use all of my training and experience to help you to experience the best possible results. My responsibility is to help you to process what needs to be released during your session.

As a client, I expect certain responsibilities from you.

(1) I need you to be honest with me. If I ask you about trauma in your life, it is because it needs to be acknowledged in order to heal. Sometimes there is something so personal or embarrassing that you don't want to tell me. That's ok, there's a 'work around,' but I need you to still acknowledge that there's something there. If you suppress or hide it, I may not be able to help you with it. If you notice yourself suppressing, blocking, or hiding something, we can work on the need to suppress, block or hide rather than the specific memory, action, or emotion that is being suppressed, blocked, or hidden.

(2) Healing is ultimately your responsibility. Though I will do everything in my power to help, the final step will be made by you. My job is to help you release your trauma and blocks. That's like opening new doors for you. Your healing session may open many doors – which one you step through is your choice. It is important that you know that you have free will at every step of the process and the actual healing (the physical change of life habits) comes when you choose it. Before healing (new awareness and release of trauma), you may have been compelled to or unconsciously act or react in certain ways, especially with certain people or in certain situations. You can find healing, but if you choose to continue to act in the same ways, those actions can undo the new awareness and healing, and allow the old patterns to set in again. You have the freedom to respond differently. Be aware of that and use it to empower yourself!

AGREEMENT

Please print out this page, read, initial each section with a pen (not typed) and sign at the bottom (you can do this when we meet, if you like)

_____ I hereby agree and request to be hypnotized and acknowledge that
Initial hypnosis presents a potentially powerful mental and physical tool.
I understand that personal results will vary and that there are no
expressed or implied guarantees or warranties of results.

_____ I am fully informed of the nature and usefulness of hypnosis. I am aware
Initial that this process is non-medical in nature and is not designed to replace
my health care practitioner or to diagnose or prescribe any course of
treatment. For any changes in medications I will consult my health care
practitioner.

_____ I will come to all appointments. If I have to miss an appointment, I will
Initial give notice more than 24 hours in advance (unless it is an emergency).

_____ I agree to pay \$50 for any appointments that are cancelled with less
Initial than 24 hours notice.

_____ I understand that if I miss more than two appointments in a row,
Initial Jeri L. Atchison has the option to discontinue treatment with me.

_____ I understand that if I am late to an appointment, the original
Initial starting time still applies, and I will pay for the entire time (i.e., if my
appointment is from 2:00 to 4:30 and I arrive at 2:30, the appointment
will still end at 4:30 and I will pay for the entire 2-1/2 hours).

_____ Payment will be made by cash or check at time of service. Jeri
Initial Srur has the option to suspend or discontinue treatment for any
client who has more than one session payment outstanding.

_____ I understand that Jeri Srur is not a Medicare provider, and
Initial that at no time, now or in the future, can I get reimbursed by Medicare
for her services.

- [] Yes I agree to receive information, in person or via print, mail or email, that
Jeri offers, including but not limited to, that on aromatherapy, energy,
- [] No or spiritual topics, and on classes, gatherings or workshops.

Signature _____

Date _____

COMMUNICATION – Phone, E-mail, Text

_____ *Initial* I understand that I may contact Jeri Srur via telephone, email or text. If such communication is sent during business hours, I can expect to hear back within 24 hours. If I telephone, email or text outside of regular business hours, in most cases, I can expect to hear back within 24 hours of the start of the next business day.

_____ *Initial* If I have an emergency need, I will call 911 or go to my nearest Emergency room.

_____ *Initial* I understand that if Jeri Srur is out of the office for more than one business day, she will leave a message to this effect on her outgoing voicemail as well as an automatic email reply. However, technology has not yet made this possible for text (to the best of Jeri's knowledge). Therefore, if I text and do not hear back from Jeri within the time frames stated above, I will telephone or email to find out whether she is out of the office for an extended time.

_____ *Initial* I understand that email and text are primarily for the purposes of creating or changing appointments, and that Jeri Srur does not address therapy questions through these channels. If I have something that I need to convey, I can send it via email or text; Jeri will acknowledge receipt of it (within the time frames given above) and we will discuss it in our next scheduled session.

_____ *Initial* I understand that texts and emails are not a secure transmission of information – it is possible for texts and emails to be intercepted and read by others. If I text or email Jeri, I am giving permission for her to reply in the same way, unless I specifically state otherwise.

_____ *Initial* I understand that Jeri Srur cannot now, nor at any time in the future, become a Facebook 'friend' or connect via Linked In, Instagram or any other social media communication program. (This does not apply to the Facebook page for the business Jeri's Heart Help)

_____ *Initial* I understand that telephone sessions are possible when they are scheduled ahead of time. Such sessions are not re-imbursable by insurance. Telephone sessions will be paid for by PayPal, Square or a check provided before such a session.

_____ *Initial* I understand that HIPAA requires that emails sent as part of any discussion of health care be retained in my medical records.

Signature _____

Date _____