**Freedom Session with Kerri Kenyon Dern**

**Client Profile**

What do you hope to achieve in your time with Kerri?:
Are you experiencing suicidal thoughts?:
Are you taking any drugs for depression?:
List other therapy/counseling current or past:
Are you willing to complete the Freedom Journal?:
Anything else you wish us to know?

**Client Info**

Name:

Address:

Email:

Phone:

If you have a confirmed appointment day and time with Lori please list it here…

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

Notes/other comments: