

Sheet1

Priority	Need		Priority	Need	
0	0	Pain Relief and Management	0	0	Confident Birthing
0	0	Immune System Support	0	0	
0	0	IBS/ Digestive Wellness	0	0	Spiritual Growth
0	0	Heart/ Blood Pressure/ Circulation	0	0	
0	0	Diabetes Management Support	0	0	Stress Relief
0	0	Fibromyalgia/ Chronic Fatigue	0	0	PTSD/Anxiety
0	0	Skin Conditions	0	0	Grief/Loss
0	0	Bladder Regulation	0	0	Stress Management Skills
0	0	Tension/ Migraine Headaches	0	0	Regression Experiences
0	0	Allergies, Asthma	0	0	Exercise, Life Style Changes
0	0	Medical Procedures	0	0	Public Speaking
0	0	Dental Procedures	0	0	Improve Study Habits/ Test taking
0	0	Cancer Recovery Support	0	0	Learning Challenges
0	0	Stop Smoking	0	0	Sports Improvement
0	0	Weight Health	0	0	Habits (nail biting, gambling)
0	0	Sleep Health	0	0	Other_____

I understand that the purpose of hypnotherapy sessions is to help me to accomplish my stated goals. I accept full and complete responsibility for any result.
 Client _____ Date _____

My commitment to you: I will use my expertise to facilitate the changes that are mutually agreed upon to be in your best interest, in the shortest possible time.
 JonMarie Kerns, CMSCHt