Name:	Occı	cupation:
Telephone:	Do you Text	kt? Email:
Address:		
		o leave messages or reach you?
What is your reason for comi	ng to receive EFT?)
Which EFT package have yo	u or would you like t	to purchase?
What would you like for me to	o know about you an	and/or the area you are tapping on?
At the end of our session, wh	ıat behaviors, feeling	ngs or beliefs do you hope will be different?
What goal(s) would you like t	o achieve as we wor	ork together?
Briefly describe your family li by your family.	fe growing up, includ	uding the most important values and beliefs held
Briefly describe your relations	ship with your father	er:
your mother:		
your siblings:		
your spouse:		
If there was one thing in your why?	childhood that you	u could have skipped, what would that be and

What past counseling or emotional work have you done and what issues did you work on?
Have you ever been diagnosed with a mental or emotional diagnosis? If so, what diagnosis do you have?
What medicines are you taking?
What gives you the most joy or pleasure in your life?
What are your main worries and fears?
What beliefs guide and sustain you?
What do you do for self-care?
What family members or friends do you have to share with and support you as we meet together?
Is there anything else you think is important for me to know before we meet and tap together?