

Confidential Client History Form

Date _____

EMAIL: _____

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex _____ Marital Status _____

Occupation/Grade in School _____ No. Of Children: _____

How did you hear about me? _____ Referral _____ Other _____

Have you used or learned EFT before? _____ Reason: _____

Have you been hypnotized before? _____ Reason? _____

Generally, how did the EFT go for you? _____

Reason you are coming for EFT

Any previous attempt to address this issue? Yes ___ No ___ Results _____

Do you have other issues that you believe EFT would help with? _____

Give a brief account of the history and development of your complaint (from onset to present): _____

Give your three top goals for our sessions together:

1. _____

2. _____

3. _____

Please rate your distress due to your issue : *1 is feeling good/does not bother you, 10 most upset you can be or have ever been.*

Distress: today (circle) 1 2 3 4 5 6 7 8 9 10 Week Avg. 1 2 3 4 5 6 7 8 9 10

What 3 things will be better or different in your life if this problem was gone:

1. _____

2. _____

3. _____

Check Any of the Following That May Apply to You:

<input type="checkbox"/> Headache <input type="checkbox"/> Dizziness <input type="checkbox"/> Fainting Spells <input type="checkbox"/> No Appetite <input type="checkbox"/> Over-Eating <input type="checkbox"/> Stomach Trouble <input type="checkbox"/> Bowel Disturbances <input type="checkbox"/> Always Tired <input type="checkbox"/> Always Sleepy <input type="checkbox"/> Unable To Relax <input type="checkbox"/> Insomnia <input type="checkbox"/> Recurrent Dreams <input type="checkbox"/> Nightmares <input type="checkbox"/> Hallucinations	<input type="checkbox"/> Inferiority Feelings <input type="checkbox"/> Feel Tense <input type="checkbox"/> Feel Panicky <input type="checkbox"/> Fears and Phobias <input type="checkbox"/> Obsessions <input type="checkbox"/> Depressed <input type="checkbox"/> Suicidal Ideas <input type="checkbox"/> Take Tranquilizers <input type="checkbox"/> Alcoholism <input type="checkbox"/> Dangerous Drugs <input type="checkbox"/> Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> Don't stand up for yourself <input type="checkbox"/> Sexual Problems	<input type="checkbox"/> Shy With People <input type="checkbox"/> Can't Make Friends <input type="checkbox"/> Afraid Of People <input type="checkbox"/> Home Conditions Bad <input type="checkbox"/> Unable To Have A Good Time <input type="checkbox"/> Always Worried About Something <input type="checkbox"/> Don't Like Weekends/Vacations <input type="checkbox"/> Can't Make Decisions <input type="checkbox"/> Over-Ambitious <input type="checkbox"/> Financial Problems <input type="checkbox"/> Gambling <input type="checkbox"/> Job Problems <input type="checkbox"/> Can't Keep A Job <input type="checkbox"/> Other _____
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Medical History

Are you currently undergoing medical or psychological treatment for the above issue?

Yes ___ No ___ If so, where? _____ Dr.'s name? _____

Have you ever been treated for emotional problems? Yes ___ No ___ If yes, are you currently receiving treatment or counseling? Yes ___ No ___ By whom? _____

Have you ever been treated for? Heart ___ Diabetes ___ Epilepsy ___ Pain ___ Are you currently taking any medications? Yes ___ No ___ If so, what _____

Reason for medication? _____

Have you had any prolonged illness? Yes ___ No ___ If yes, what illness _____

How are your sleeping patterns? _____

Do you suffer from any physical pains? Note location on your body and onset/history :

Pain: today (no pain) 1 2 3 4 5 6 7 8 9 10 (bad) Week Avg. 1 2 3 4 5 6 7 8 9 10

Do you have any questions about EFT? Yes ___ No ___

I give the practitioner permission to:

_____ use/teach me EFT Emotional Freedom Technique. This involves acupressure (tapping with fingertips) on acupuncture points (called acupoints) on the face, upper body and hands. I understand I can choose to have Elizabeth Donohue tap on me or tap on myself.

The Energy Medicine Center
www.theenergymedicinecenter.com
(Tel.) 201-652-1328 (Fax.) 201-444-9986

EFT Disclosure:

As part of my session work with the Practitioner, I may learn about a healing modality called Emotional Freedom Techniques (EFT) which is a technique referred to as a type of Energy Therapy. EFT appears to have promising mental, spiritual, and physical health benefits but has yet to be fully researched by the Western academic, medical, and psychological communities. EFT is a relatively new healing approach and the extent of its effectiveness, as well as its risks and benefits, are not fully known. The prevailing premise is that EFT uses the ancient Chinese meridian system to relieve emotional stress and physiological pain and it balances the energy system with a gentle tapping procedure which stimulates designated meridian end points on the face and body. By signing this document, I understand that EFT could be considered experimental and I agree to assume and accept full responsibility for any and all risks associated with using EFT as part of my participation in coaching sessions. Further I agree and understand that the information presented in my sessions is only for my own personal use.

The information presented during my session, including learning about EFT, is provided only as general information and is not intended to represent that EFT is used to diagnose, treat, cure, or prevent any disease or psychological/mental health disorder. EFT is not a substitute for medical or psychological treatment. I understand that the practitioner (or any representative of New England Success Coaching) does not recommend I stop seeing any of my health care professionals or using prescribed medicine, if any, without consulting with the appropriate health care professional, even if after using EFT, or any other energy based technique, it appears or indicates such medicine or therapy is unnecessary.

Any stories or testimonials presented during my sessions do not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using EFT during or after the session for any particular issue. Further, I understand the practitioner makes no warranty, guarantee, or prediction regarding any outcome for me using EFT during or after the session for any particular issue. The practitioner accepts no responsibility or liability whatsoever for the use or misuse of the information provided during the sessions. I understand the practitioner strongly advises that I seek professional advice as appropriate before making any health decisions.

I acknowledge that I have been given the opportunity by Practitioner to ask questions regarding any aspect of this Agreement. By signing below, I acknowledge that I have carefully and completely read and fully understand all aspects of this Agreement and I agree to all of the terms and conditions stated herein. Further, I agree and understand that this Agreement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law. This Agreement shall be binding upon me and my heirs, legal representative, and assigns.

The Practitioner (Elizabeth Donohue) has disclosed to me that she is not a licensed physician or mental health provider. Elizabeth Donohue has the following education, training, experience and other qualifications regarding services provided:

1. Graduate of the Institute of Healing Arts and Science where she earned an Energy Medicine Practitioner Certification.
2. Certified REIKI Master and Reflexology Practitioner.
3. EFT Certified Practitioner.
4. Bachelor of Arts in Communication from the William Paterson University.

I represent that I am an adult under the laws of the State of my residence and I have the right to enter into this Agreement. If I am a minor, I shall have my parent or legal guardian consent to and join in this Agreement by signing in the space provided below.

Please indicate your acceptance and agreement by signing in the space provided below.

Client Name (Print)

Date

Client Signature

*Parent/Guardian Signature

(Signature is required if client is under 18 years old)