

Emotional Freedom Technique Client Intake Form

Candice Brunlinger, EFT Practitioner
contact@herballivingandhealing.com
www.herballivingandhealing.com

Read, fill out as best as possible, and sign before our session.

Name:

Date:

Phone #:

Email:

Your preferred way to be contacted:

Can I text or leave voice messages about our appointment times or considerations?

Date of Birth:

Current Occupation:

Emergency Contact/ Name Phone# (optional):

How did you hear about Candice Brunlinger and Herbal Living and Healing?

Medical History

Are you currently addressing anything regarding your Physical or Emotional health?

Are there any additional diagnoses or medical considerations you would like to mention?

Are you currently taking medications? If so, list if you feel comfortable sharing:

Are there any treatments you have done or are currently doing to address these concerns?

Have you seen a therapist for these issues? When?

Have you done EFT, Tapping, Breathwork, or Somatic Work before?

Have you ever had Panic Attacks, Seizures, or Asthma?

Have you experienced any recent traumatic experiences?

Have you experienced any traumatic events from the past, including childhood?

Do you have a history of substance abuse?

Please list the primary issues you would like to work on:

1.

2.

3.

What have you done to address these concerns/challenges that have worked?

What have you done to help this/these concerns/challenges that have NOT worked?

Is there anything else you would like me to know before our session?

I consent to the information above being accurate and correct to the best of my knowledge.

Typing in my name below is the electronic equivalent of my actual signature.

Client Name (Print):

Client Signature:

Date: