

# EFT Client Intake Form

These questions help me to get to know you better and will help me work with you more effectively. Thank you in advance for answering them.

*Please note that is information is fully confidential and will be filed securely.*

Date:

Name: Sex:  Male  Female

Address:

City: County:

Phone no: Skype name:

Date of Birth: Occupation:

Marital status:  Single  Married

Children? Names and Ages:

Name of Spouse/Significant Other:

In Case of Emergency, Please Notify:

Name: Telephone #:

Relationship:

What is the reason for this consultation:

What is your desired outcome for this consultation:

How do you feel about this issue / situation:

Have you ever experienced EFT tapping or energy work before? If so, please give brief details.

Do you have any health issues (physical / mental)?

What is your general outlook on life?

Are you on any medication?

Have you had any major life changes or stressors in the past 1 – 5 years.

If so, please give details.

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

**Disclaimer:** Michelle Hutton does not claim to diagnose or cure conditions; her aim is to help you return to a state of balance and harmony. Working with her is not a substitute for medical or psychological care, it is complementary to it. Please be fully responsible for your well-being at all times.

By typing your name below you agree to take full responsibility for your own well-being whilst working with Michelle Hutton, Energy Therapist. You also agree to hold harmless, release and indemnify Michelle Hutton from all liabilities and claims for any causes, past, present and future.

By typing your name below you also verify that all the information you have given is current and correct to the best of your knowledge.

Name:

I look forward to working with you.

If you have any questions, please email me at [michellegreenan12@gmail.com](mailto:michellegreenan12@gmail.com)  
Or telephone : 0863811433

Thank you.