

Panacea EFT Intake Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_  
(for appointment confirmation)

Mailing Address: \_\_\_\_\_  
City State ZIP

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Time Zone: \_\_\_\_\_ Skype ID (if applicable): \_\_\_\_\_

What goal do you have for your session(s)?

The above information is accurate and true to the best of my knowledge. While the Emotional Freedom Techniques (EFT) has produced excellent clinical results and is gaining in scientific support, it is not yet widely accepted as a formally-validated scientific technique and thus must be considered experimental in nature with no guaranteed outcome for any individual. I understand that the therapist does not diagnose disease, prescribe medications, or guarantee results. I further understand that any service offered by Panacea/Arrian Walter is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. I agree to hold harmless Arrian Walter and Gary Craig, the founder of EFT, for any results of any EFT treatment and will advise anyone for whom I may perform this technique to do the same. I agree to accept total responsibility for my own physical and emotional well-being. By signing physically or typing an electronic signature and today's date, I am accepting the terms of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date