

Client Information

Name:

Date:

Age:

Tel #:

email:

Emergency Contact/Name/Relationship/telephone:

Location/Time Zone:

Vocation:

Relationship Status:

Spouse:

Children: name/Age:

- What brings you here: What is your principal concern(s) or challenge(s)?
- What goal(s) would you most like to achieve from our work together?
- Have you already tried to work on this and if so in what ways?

EFT Goals:

How will you know or what will be different for you when the goal is achieved?

Pros / “Upside” for achieving goal: What positive experiences will achieving the goal give me?

Is anyone else potentially benefiting by my achieving the goal?

If so, Who & How?

Cons “Downside” for achieving goal: What negative experiences will achieving the goal give me?

Is anyone else potentially threatened by my achieving the goal?

If so, Who & How?

Pros / “Upside” for keeping things as they are (Status Quo):

What are good reasons to stay where I am and not change anything?

What experiences am I hanging onto to stay where I am and not change?

What feelings am I avoiding by keeping things as they are?

Cons / “Downside” for keeping things as they are (Status Quo):

What negative experiences am I continuing by keeping status quo?

What am I missing out on by staying where I am and not changing?

It feels safe to change this. _____% 0-100%

I feel that I deserve things to be different. _____% 0-100%

I feel confident in who I would be (identity) with this change. _____% 0-100%

Who am I being like and/or who had this behavior in my past (if anyone)?

Is there anyone I am not going to connect with if I achieve this goal?

Am I letting anyone down if I change this or achieve this goal?

If so, Who & How?

What are ways you cope and un-stress?

What do you do for “self-care”?

Is there anything else you would like me to know about or want to bring up in our session?