

EFT Coaching

New Client Information Form

Have you heard of or used EFT before?

DATE:

PERSONAL INFORMATION

LOCATION/ TIME ZONE

DATE OF BIRTH

FIRST NAME

LAST NAME

EMAIL ADDRESS

PHONE #

RELATIONSHIP STATUS

OCCUPATION

ARE YOU SEEING ANY OTHER PROFESSIONS? (e.g., therapist, counselor, other)

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING.

EMERGENCY CONTACT

FIRST NAME

LAST NAME

RELATIONSHIP

PHONE #

GENERAL QUESTIONNAIRE

What brings you here?

What is one area of your life when improved would make things better for you?

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?