

Confidential Client Intake Form - 10 weeks group

Appointment Date: Time: TYPE OF SESSION:

NAME: SEX: D.O.B. E-MAIL:

CELL #: HOME#: WORK#:

ADDRESS: CITY: ST: ZIP:

OCCUPATION: COMPANY:

MARITAL STATUS: SPOUSE or SIG.OTHER NAME:

HOUSEHOLD MEMBERS AND AGE:

HOW DID YOU HEAR ABOUT US:

Below, check *all issues (especially the most current one)* you would like to work on:

- Chronic or Current Physical Pain
- Stress/Anxiety
- Self Esteem/Weight Issues
- Sports Performances
- Fears or Phobias
- Anger, Frustration, Resentment
- Be more effective at work (or home)
- Balancing Work and Personal Life
- Feeling stuck
- Lack of personal joy and peace
- Past Trauma or Painful Memory
- Depression or Grief

Issues not mentioned above:

Have you seen a therapist for these or any other issues, and if so, when?

What, if any, medications are you taking?

Are you now, or have you ever been suicidal? If so, when?

Do you or anyone in your family have a history of substance abuse? If yes, please specify:

Continue your answer here

Have you ever been in psychotherapy or counseling before? If so, with whom and when:

Do you have any medical condition(s) of which I need to be aware?

Disclaimer:

EFT is a very flexible process and thus the workshops, sessions and publications represent the views of the presenter(s) and do not necessarily reflect those of EFT, Gary Craig or the complete, standardized training offered at www.eftuniverse.com.

While EFT has produced remarkable clinical results, it has only been used in its current form since 1992, and thus is still in the experimental stage. EFT appears to have promising mental, spiritual, and physical health benefits but has yet to be fully researched by the Western academic, medical, and psychological communities. Due to the experimental nature of EFT, and because it is a relatively new healing approach and the extent of its effectiveness, as well as its risks and benefits are not fully known, I agree to assume and accept full responsibility for any and all risks associated with using EFT as a result from the private session with Hang Pham.

Although EFT has been known to bring peace of mind, relaxation, a brighter outlook, better health, better performance, more energy and focus, added self-esteem, and to relieve stress, anxiety, chronic pain, and a multitude of other ailments and issues, I understand that if I choose to use EFT, it is possible that emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. Emotional material may continue to surface after using EFT, indicating other issues may need to be addressed. Previously vivid or traumatic memories may fade which could adversely impact my ability to provide detailed legal testimony regarding a traumatic incident.

The information presented on www.StretchYourPotential.com is not intended to represent that EFT is used to diagnose, treat, cure, or prevent any disease or psychological disorder. EFT is not a substitute for medical or psychological treatment. Any stories or testimonials presented on this web site do not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using EFT for any particular issue. Further, I understand that Hang Pham is a peak performance coach and a certified EFT practitioner; she is not licensed health care professional. She makes no warranty, guarantee, or prediction regarding any outcome for me using EFT for any particular issue. I agree and understand that the information presented on this web site is only for my own personal use.

I recognize that stretching, walking, hiking may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this private coaching session with Hang Pham. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in any of these activities (walking, stretching, hiking)

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in this private coaching session with Hang Pham. I agree to inform Hang Pham of any physical limitations, physical discomfort and/or injuries before or during session, and I take full responsibility for nondisclosure

In further consideration of being permitted to participate in Classes, Workshops, Programs & Therapies, I knowingly, voluntarily and expressly waive any claim I may have against Hang Pham for injury or damages that I may sustain as a result of participating in any of the activities with Hang Pham

I HAVE READ THIS DISCLAIMER WORD BY WORD, FULLY UNDERSTAND ITS TERM AND HAVE SIGNED IT FREELY AND VOLUNTEERARILY

Printed Name of Participant

Date

Participant's Signature: _____

Please answer the following questions:

1. What are your reasons for signing up for this 10 weeks course?

2. Are you willing to spend at least 2 hours a week out side of the class for your own growth? Why or why not?

3. What are your goals for this 10 weeks course?

4. What kind of transformation would you like to see yourself by the end of 10 weeks?

5. What are the obstacles that stop you from being this person right now?

Anything else you would like to share with me that can be helpful?

Fax form to: 866-925-5289