

The Roots of Health

Emotional Freedom Techniques (EFT)

Client Intake Form & Discovery Session Questions

Basic Information

Name: _____ Today's Date: _____
Street: _____ Primary Phone #: _____
City: _____ State: _____ Zip: _____ Email: _____
Occupation: _____ (Optional) Biological Sex: _____ Preferred Pronoun: _____
Referred By: _____ Date of Birth: _____ Current Age: _____
Primary Physician Name and Phone: _____ (_____) _____
Emergency Contact Name and Phone: _____ (_____) _____

Unless specifically noted otherwise, provision of contact information assumes permission for The Roots of Health to contact you with questions or information related to your therapy, automated appointment reminders, general information, or promotional offers.

Medical Information

Physical Health Condition(s): _____

Are you currently under care of health practitioner for the above condition(s)? **Y / N**

Practitioner's name _____ Phone #: _____

Mental Health/Psychological Conditions: _____

Currently under care of a mental health practitioner for above condition(s)? **Y / N**

Practitioner's name _____ Phone #: _____

List any current medications and purposes: _____

EFT Discovery Questions (PLEASE READ)

Please answer the following questions to help determine what you would like to work on in your EFT sessions. **EFT works best when we tap on specific events.** Even though there may be a large issue you want to address (*Ex., fear of spiders; not exercising like you want to; feelings of worthlessness in school*), it would be good to think of a realistic medium-term goal that marks progress towards your overall goal (*Ex., wanting to reduce your fear of spiders from an intensity of 8/10 to 4/10; setting a goal to exercise 3x/week for 1 month; the belief "I'm not smart enough" may feel 90% true, and reducing that to 50%*). **We accomplish the medium-term goal by tapping on specific events related to that goal** (*Ex., fear when seeing a spider on the dining room wall last Saturday; I had the time to exercise last night, but I couldn't get motivated to get off the couch; I have a test to study for, and I'm too scared/overwhelmed to even try*). **As the emotions attached to specific events resolve, the emotions effecting the overall issue also often reduce or resolve.**

Once you fill out the form, email it to me at rbenbowTROH@gmail.com (pics from your phone are fine). From there, I can ask you questions during our Discovery Session to help further refine on what we will be working.

Have you worked with an EFT practitioner before? **Y / N** If yes:
Is there anything you would like to share about your experience?

On a scale of 0 to 10 (0 being the least), what is the amount of stress/tension in your life?

May I know a bit about your current vocational status (i.e., what you do, are you working/not working) and family status (relationship status, children, extended family caretaking)?

The goal of our Discovery Session is to get a clear understanding of what you want to address with EFT (your principal concern), to find a manageable medium-term goal that will mark the progress of our work together, and to determine specific events to work with. As the emotions attached to specific events resolve, the emotions effecting the overall principal concern often also reduce or resolve. This table provides examples of principal concerns, medium-term goals, and specific events. [*The emotional intensity scale is a 0 to 10 out of 10 (0-10/10) scale*]

Examples of Principal Concerns	Examples of Medium-Term Goals Marking Progress on the Primary Concern	Examples of Goals for a Specific Event Related to the Medium-Term Goal
Anxiety over the life altering effects of cancer	Reducing a feeling of helplessness (from an 8/10 to a 4/10 intensity) due to debilitating exhaustion from cancer treatments	Reducing sadness about being too exhausted to play with your kids after a chemo treatment last week from 9/10 to 5/10 intensity
Inability to meditate	Achieving a goal of meditating daily for 1 week	Reducing frustration from a 7/10 to a 3/10 intensity for not setting aside time to do meditation yesterday
Not being able to date	The belief "I'm not lovable" may feel 90% true, and reducing that to 50%	Reducing feeling pathetic for not being able to talk to someone you were attracted to at a party from an 8/10 to a 4/10 intensity

What is your principal concern or challenge that you would like to work with me (please describe)? Are you being treated by any other professionals for this issue? **Y / N** If yes, who?

What is your **medium-term doable goal** (i.e., something that can be accomplished after working together for 5 sessions)? Principle concerns are often too complex and emotionally overwhelming to work with directly. Pick **one aspect** of how that principal concern effects your life for your medium-term goal. Please see the table above for examples.

What recent **specific event(s)** related to your medium-term goal might you like to work on in our **first session**? EFT works best when we work with specific events. In sessions, we work on reducing the intensity of emotions for that specific event. Please see the table above for examples.

What things (if any) from your past may get in the way of achieving your goal(s)? What challenges do you have that may hinder you from reaching your goal(s)?

Is there anything else you'd like me to know, or that you think I should know, that might be relevant to why you have this issue?

List any resources (current, past or imagined) that helps to strengthen you, makes you calmer, cheers you up, makes you feel safe, more positive, or lets you be more present in the here-and-now. Some common examples are nature (gardening, hiking in the woods, being at the beach, etc.), food/drink (relaxing cup of tea in a comfortable chair, etc.), music (playing or listening), sports, hobbies, hanging out with a person or pet.

Do I have permission to assign you EFT self-practice so you can learn to do this for yourself? Y / N

Because both Rachel Benbow and Ian Thomas, both here after referred to as the “practitioner,” must be aware of existing medical and psychological conditions, I have stated all my known medical and psychological conditions and medications, and take it upon myself to keep the therapist informed about my updated health.

- I understand that the practitioner cannot diagnose illness, disease, or any other medical, physical, psychological, or emotional disorder. I am responsible for consulting a qualified medical or mental health practitioner for any physical/psychological ailments that I have.
- I understand that services offered by the practitioner are not a substitute for medical or psychological care, and any information provided by the practitioner is for educational purposes only and not diagnostically prescriptive in nature.
- I understand that Emotional Freedom Techniques (EFT), and other services provided by the practitioner are health and well-being aids.
- I understand that some issues may be able to clear in several EFT sessions, but issues related to traumatic events often takes longer. I understand that, in my initial EFT session(s), it may be in my best interest to work on related events, rather than directly on an event with trauma. We can only go as fast as the slowest part of my physical and emotional body wants to go, and going slowly actually helps me to process faster.
- I understand that EFT and bodywork are not appropriate care for infections or contagious illnesses or conditions. I will cancel my appointment as soon as I am aware of an infections or contagious illness or condition, unless the appointment is conducted virtually or over the phone.
- I understand that the consumption of alcohol, recreational drugs, and pain killer pharmaceuticals can dangerously alter my body’s ability to register and give feedback about pain or other vital sensations. Consumption of these items can also create detrimental reactions when combined with bodywork. I agree to NOT consume alcohol, recreational drugs or pain killer pharmaceuticals prior to any treatment sessions.
- I understand that post session soreness can occur by the evening following an EFT session, and may last into the next day. In a small percentage of cases, soreness can last up to three days. Discomfort following a session may be in an area that was focused on during the session, or in another area that is connected through a fascial restriction. The body’s tissues can experience discomfort during the post-session period due to release of restrictions and reorganization of the tissue. Drinking plenty of water and getting rest may help to minimize the temporary discomfort experienced following a session.
- I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized, and I will pay for the fully scheduled session.
- I agree to give 24-hour notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24-hour notice to cancel or reschedule.
- I understand that I will be charged, and agree to pay, a \$3.00 processing fee when using a credit or debit card to pay for services or products. There are no additional fees for paying with cash or check.
- I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment.
- I understand that I will not hold this establishment or practitioner liable for anything related to my EFT sessions.
- I agree to actively participate as much as possible in my own healing.

Print Client Name

Client or Parent/Guardian Signature

Date



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