**CLIENT FORM**

Please save and email your completed form to [**jadlao89@gmail.com**](mailto:jadlao89@gmail.com)

Name:

Date:

Email:

Age:

Occupation:

How did you discover the services I offer?

Do you have any current health concerns?

Are you presently, or have been under the treatment of a psychologist, doctor or psychiatrist?

If yes, for what condition?

What would you like to improve/achieve during these sessions?

What emotions would you like to address? E.g. Fear, anger, jealousy, sadness, grief, loss, stress, etc.

Please list the mental/emotional stresses you have experienced. E.g. major changes, loss of loved ones, abuses, legal or financial concerns, move of school/home, separation, divorce, etc.

Ages 0-12

Ages 13-21

Ages 22+

Important Reminder: EFT should not be used in place of conventional medical care. Always consult your GP for medical attention and advice. Clients have found EFT useful as a complement to any conventional medical treatment. The information provided on my website is educational in nature, provided as general information and not intended to treat any medical condition.