

TAP WITHIN

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INTAKE FORM

Please complete this form prior to your initial appointment.
Either return via email or print out and bring with you to your first session.

PERSONAL INFORMATION

Date _____

Name _____ Age _____

Address _____

City / State / Zip _____

Phone _____

Email _____ Occupation _____

Emergency Contact _____ Phone _____

How did you hear about Tap Within? _____

Skype Username _____

Please list the main concerns you would like to address and your goals for our sessions (in order of priority):

1.) _____

2.) _____

3.) _____

4.) _____

Treatments used in the past:

Make an appointment [CLICK HERE](#)

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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.

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Signed _____

Date _____