

Nanette Pugsley
EFT - Adv
Confidential Client Intake Form

NAME: _____ HOME #: _____ WORK/CELL#: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

D.O.B. ___/___/___ SEX: ___ MARITAL STATUS: _____ SPOUSE or SIG.OTHER: _____

E-MAIL: _____ HOW DID YOU HEAR ABOUT ME: _____

OCCUPATION: _____ COMPANY: _____

OTHER MEMBERS OF HOUSEHOLD AND AGE _____

Below, check all issues you would like to work on. – Circle the most urgent issues:

- Depression or grief
- Weight Issues or Self Esteem
- Chronic or Current Pain
- Stress/Anxiety
- Relationship Challenge(s)
- Fears or Phobias
- Being More Effective at Work (or home)
- Balancing Work and Personal Life
- Sports Performance (Golf, Tennis, Skiing, etc)
- Anger, Frustration, or Resentment
- Past Trauma or Painful Memory
- Experiencing more joy and/or peace of mind

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 been in the past suicidal, had a nervous breakdown, or hospitalized? Y/N

Have you ever attempted suicide? Y/N If yes, when _____

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

Have you ever been in psychotherapy or counseling before? Please specify: _____

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

Please send me a write up on the issue that you want to work on this first session. Include any old memories that you think are involved, and write about them. What contributed to this problem? What are the different aspects? How do you feel about it? I will read your document before our first session, so we can use the session to tap!