

Client Information

EFT-Austin.com - Kay Christopher

Accredited, Certified EFT Practitioner/Trainer & Pastoral Counselor

Today's Date _____

Name _____

If under 18 years of age Name of Parent/Guardian _____

Current Address _____

City _____ State _____ Zip _____

Phones - Cell _____ Home _____

Work _____ E-mail address _____

Date of Birth _____ Marital Status _____ If Divorced, When _____

If Separated, When _____ Number of Children _____ Ages _____

Profession _____

Employer _____

Emergency Contact _____ Phone _____

Status of Physical Health _____

Are you currently under psychiatric care or in psychotherapy? ____ Yes ____ No

If yes, please list name of health care practitioner and describe _____

Have you been in therapy or had psychiatric treatment in the past? ____ Yes ____ No

If yes, please describe _____

Are you currently on any medication(s) for your physical or mental health? If yes, please describe _____

Please describe your spiritual beliefs. Which statement(s) best describe you?

_____ I believe in God or a universal Spirit

_____ I am not religious but I am spiritual

_____ I am both religious and spiritual

_____ I am not sure if there is a God or universal Spirit

_____ I do not believe in God or a Universal Spirit

Comments about your faith or belief (optional)_____

Please describe what you would like to gain from our work together _____

Is there anything else you would like for me to know?_____

Whom may I thank for your visit?_____

Disclaimer and Informed Consent

EFT-Austin.com - Kay Christopher, EFTCert-II, Pastoral Counselor

• I understand that Kay Christopher is an ordained minister, pastoral counselor, personal performance coach and certified Emotional Freedom Techniques (EFT) practitioner. Her ministerial ordination is with the Association for the Integration of the Whole Person (AIWP). Her EFT Certifications are through Gary Craig, EFTUniverse and the Association for the Advancement of Meridian Energy Techniques International (AAMET). She is not a psychotherapist, psychologist, physician or other government licensed health care professional. As a Pastoral Counselor she provides spiritually focused education, counseling and guidance; teaches meditation and stress reduction techniques; and applies principles and techniques for enhancing spiritual and personal growth/healing, inner guidance and inner peace including working with the body's energy meridians. I understand that her work is spiritual in nature, of intangible spiritual benefit, and thereby may also benefit mind, emotions, and body and enhance both personal and professional performance.

• I understand that Emotional Freedom Techniques (EFT) is a relatively new experimental technique based on the ancient Chinese energy meridian system. It involves tapping on specific meridian points with the fingers while at the same time thinking about what is bothersome. Evidence is growing that the body's electrical and subtle energies are involved in the experience of unwanted emotions and that stimulating the meridian points causes the energy disruption responsible for the negative emotion to be released. At this time there is only limited published research in established scientific journals investigating the use of EFT and related energy techniques. I understand that these reports do not constitute conclusive scientific evidence regarding effectiveness, and that even if the effectiveness becomes scientifically established results will vary from person to person. I understand no guarantee or prediction can be made regarding the results of using EFT. I understand that reactions may surface during sessions that are not anticipated, including strong emotional or physical sensations. I further understand that it is possible that unresolved memories and related emotions may be brought into my awareness through the use of EFT, and that emotional material may continue to surface after a session and give indication of other incidents that may need to be addressed. I also understand that the memories may lose their emotional charge and/or may change in some way that could adversely affect my ability to provide legal testimony the same way I would prior to the EFT session(s).

• I understand that EFT is not used to diagnose, treat, cure, or prevent any disease or psychological/mental health disorders. Consequently, EFT sessions do not provide medical diagnoses, nor do they offer cures. I understand that EFT is not meant to replace standard medical care and/or mental health counseling. I agree to consult with my health care provider(s) regarding the appropriateness of my use of EFT before participating in EFT sessions.

• I understand that it is recommended that I see a physician or other licensed health care professional for any physical or psychological ailment I may have. I understand that Kay Christopher does not recommend that I stop using any prescribed medicine or other kind of therapy that I may be using without consulting the appropriate licensed health care provider.

• I understand that client sessions are confidential except under certain circumstances. These include when the client is possibly at risk of being a threat or danger to self or others; and, when there is a reasonable suspicion of abuse or harmful neglect of child, dependent or elderly person.

Initials _____ Date _____

• I agree to take full responsibility for my well being, should I decide to learn EFT and explore its benefits as part of my work with Kay Christopher. I bear the responsibility for any decision I make based on my work with her. I further agree that Kay Christopher shall not be liable to anyone for any loss or injury resulting from the direct or indirect use of any services or information that she provides. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Kay Christopher from and against any an all claims of liability of whatsoever kind or nature arising out of or in connection with my session(s).

• I have thoroughly considered all of the above and have obtained whatever additional input and/or professional advice I deemed necessary or appropriate about commencing sessions that utilize EFT. By my signature below, given freely and without pressure from any person, I consent to the use of EFT in my sessions.

• I understand that fees are \$150 per hour. Sessions over one hour are charged on a prorated basis in 15-minute segments. I understand that payment is due at the time of my appointment, or prior to my appointment time if I am making my payment online, unless other arrangements have been made in advance.

• I understand that if I need to change my appointment time I am asked to give 48 hours notice. IF LESS THAN 24-HOUR NOTICE IS GIVEN I UNDERSTAND I WILL BE CHARGED THE FULL FEE FOR THE SESSION.

Print Name _____ Date _____

Signature _____

Telephone Numbers _____

E-mail Address _____

IF YOU ARE A PARENT OR GUARDIAN PLEASE COMPLETE THE INFORMATION BELOW

Child's or Charge's Printed Name _____ Date _____