

Client Agreement for Service

Disclaimer

I understand that any information that Inner P.E.A.C.E. and Penny Stoever may provide is only general information and is not to be considered medical or legal advice. I understand that in the session we will use techniques that address the emotional components and energy system of the body. These methods include, but are not limited to EFT or Emotional Freedom Techniques. While there is increasing amounts of research showing the effectiveness of these techniques, EFT is not yet accepted as a mainstream method and therefore, is considered experimental.

Due to the experimental nature of EFT I agree to assume and accept full responsibility for any and all risks associated with utilizing EFT both in and out of a session with Inner P.E.A.C.E. and Penny Stoever. In no case is EFT intended to diagnose, treat, cure or prevent any disease or psychological disorder. Neither EFT or any other energy based technique that may be used in the session is intended as a substitute for medical or psychological treatment. Any stories or testimonials about EFT are not to be considered a warranty, guarantee or prediction regarding any outcome of any individual using EFT.

I understand that Inner P.E.A.C.E. and Penny Stoever is a certified EFT practitioner. Inner P.E.A.C.E. and Penny Stoever is providing these methods in a non licensed coaching capacity and accepts no responsibility or liability whatsoever for the use or misuse of the information or techniques presented. I understand that I am strongly advised to seek professional advice as appropriate before making any health related

decisions. If I am on any medications, I understand that I am NOT to change any dosages and should consult my physician or the professional who prescribed my medications.

Informed Consent

Emotional Freedom Techniques or EFT is based upon the belief that the cause of negative emotions is a disturbance in the body's energy systems. EFT and other similar methods address the energy system and are intended to decrease the impact of negative emotions upon the body. Energy methods are intended to complement, not replace, medical or psychological care.

Because these methods are relatively new, the extent and breadth of their effectiveness including risks and benefits are not fully known. While evidence is mounting through scientific studies of the clinical significance of providing positive outcomes, each person responds differently and results vary from person to person in these techniques in addressing many emotion issues.

Please sign below stating that you have been advised of the following:

- The intensity of previously vivid or traumatic memories may diminish. While this is considered a benefit this reaction may adversely impact your ability to provide compelling legal testimony regarding a traumatic incident.
- Reactions may surface during a session that you do not anticipate, including strong emotional or physical sensations or additional unresolved memories.

- Emotional material may continue to surface after a session and give indication of other incidents that need to be addressed.
- For the purpose of Inner P.E.A.C.E. and Penny Stoever's own supervision and/or teaching, disguised case studies may be shared in those contexts.

I have thoroughly considered all of the above and have obtained whatever additional input and/or professional advice I deem necessary or appropriate to make an informed decision before commencing sessions utilizing EFT.

- I understand that gentle touch may be used, with my permission in a face to face session, for the purpose of therapeutic application.
- By my signature below, given freely and without pressure from any person, I consent to the use of EFT and other energy based modalities within my sessions.
- I understand that Inner P.E.A.C.E. and Penny Stoever is not acting as a licensed medical practitioner, and will not be diagnosing or treating a specific disease.
- Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Inner P.E.A.C.E. from and against any and all claims or liability whatsoever kind or nature arising out of or in connection with my sessions.

Client Signature or Parent/Guarantor

Date

EFT Tapping Intake Form

Name (required): *

Preferred Phone(s):

Skype ID:

E-mail (required): *

Mailing Address:

Emergency Contact, Name and Phone Number: *

Date of Birth:

Relationship Status:

Children? Name and Ages, or None:

How did you hear about me?:

Please Check on your Most Pressing Current Issues

<input type="checkbox"/> Stress or Anxiety	
<input type="checkbox"/> Fears of Phobias	
<input type="checkbox"/> Weight Issues	
<input type="checkbox"/> Empty Nest	
<input type="checkbox"/> Menopause	
<input type="checkbox"/> Anxiety about Aging	
<input type="checkbox"/> Divorce or Breakup	
<input type="checkbox"/> Marriage or Relationship Problems	
<input type="checkbox"/> Traumatic Memories	
<input type="checkbox"/> Lack of Joy	
<input type="checkbox"/> Workaholic	
<input type="checkbox"/> Self Esteem	
<input type="checkbox"/> Chronic Pain	
<input type="checkbox"/> Grief	
<input type="checkbox"/> Lack of Purpose	
<input type="checkbox"/> Anger or Resentment	
<input type="checkbox"/> Confidence	
<input type="checkbox"/> Performance	
<input type="checkbox"/> Prosperity	

Any issues not mentioned above? Please describe.

Have you seen a therapist, coach or other healer for any of the above issues, and if so when?

What have you tried that's worked? What hasn't worked?

Have you done EFT before? With a practitioner or self?

Do you have a history of:

- Epilepsy
- Panic Attacks
- Clinical Depression
- Asthma

Are you taking any medications that may affect you mentally or emotionally? Please list.

Do you have a medical or psychiatric condition that I should know about?

Did you grow up with siblings? What was the birth order?

Any surgeries as a child?

Is there a situation, issue, memory or physical problem you would like us to start with?

If our work together was amazingly successful, what would change for you?

Who would or might be upset, if you were completely healed?

What are three positive goals you would like to achieve?

How would you like to feel at the end of your session?

Any other note, comments or questions?