**Slim Mindset**

**Client consent form for Emotion/Body Code & Emotional Freedom Technique EFT & Matrix Reimprinting. Suzanne Curtis**

Please fill in the following, to the best of your knowledge.

|  |  |
| --- | --- |
| Name: |  |
| Address:Contact Number: |  |
| Male/Female: |  |
| Email: |  |
| Date of birth: |  |
| Nature of problem: |  |
| Lifestyle issues:Smoke? Yes: No:How much alcohol:Occupation Stress levels(low, medium, high) |  |
| Physical conditions:Operations, accidents, digestion, joint, pregnancy. |  |
| Emotional condition: relax easily? Sleep well? Anxious? |  |
| Family situation: ever married? Childhood? |  |
| Names of 4 people important to you: |  |
| 3 memorable events with negative emotional charge: |  |
| Seeing Doctor for any issues:Mental health issues, epilepsy: |  |
| Prescription medication? |  |
| Desired outcome of work: |  |

I understand that no medical claims are made as to the effectiveness of this technique for my particular issues. I note that Emotion Code and EFT Coaching is not a substitute for medical diagnosis and treatment, or psychological diagnosis. I understand that Emotion Code & EFT Practitioners do not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a registered medical professional. I understand that some of my issues that we will be working on may consist of many aspects and may take some time and persistence to achieve the desired outcome.

**Signature:** (if completing via email please just type your name here):

**Date:**