

FULL NAME: _____ **DATE**

OF BIRTH: _____

OCCUPATION: _____

PHONE No: MOBILE No: _____

EMAIL (please print clearly): _____

Parents (alive/deceased married/divorced)

Married: Y/N

Number of children:

How did you hear about us?

If referred, by whom?

Reason you are coming for Session?

Any previous attempts to address this issue?

Yes ___ **No** ___

Results _____

Are you currently receiving psychiatric / counselling and/or therapy with another practitioner treatment?

YES / NO If yes, under whose care, and here?

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List all prescription medication you currently take, and the condition(s) for which you take it:.....

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Are you currently using any recreational drugs, for example cannabis or Ecstasy? YES / NO

If yes, please detail

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Have you ever been diagnosed with any of the following conditions?

Depression/Anxiety YES / NO If yes, when?
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Bi-Polar Disorder YES / NO If yes, when?
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Epilepsy YES / NO If yes, when?
.....

Obsessive Compulsive Disorder YES / NO If yes, when?
.....

Post-Traumatic Stress Disorder YES / NO If yes, when?

..... Heart ___ Cholesterol ___ Diabetes/
Sugar ___ High Blood Pressure ___ Pain ___ Epilepsy
___ Allergies ___
Asthma ___ Bronchitis ___ Emphysema ___ Breathing
problems ___ Insomnia ___ Headaches ___
Stomach problems ___ Bowl problems___ Urination
problems ___ Sexual problems ___ Cancer ___ Brain
injury___

Please list (or circle) anything you are uncomfortable with, or upset by, e.g spiders, heights, enclosed spaces, germs, flying, snakes/ reptiles, water, darkness, blood, knives, rats & mice, crowds etc.

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What, (if any) therapy, lifestyle or attitude changes have been partially successful in making you feel better?

Have you, at any time, *seriously* considered or attempted suicide? If not, please write 'No'; if yes, please provide full details of the circumstance(s) and date(s):

Please provide the name, address and telephone

number of your GP and/or Hospital Consultant:

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Is there anything else that could be connected with your issue I should know about you before we start the therapy?

Do you give permission for Elana Michelson to contact your GP and/or Hospital Consultant if he deems it strictly necessary? Yes / No

Please read and carefully note the following and then sign and date

1. I (the client) understand that Elana Michelson is not a licensed counselor, psychologist, therapist, medical doctor, nutritionist or any other medical professional, she has no formal training in these fields and she does not portray herself as such.
2. I (the client) accept complete responsibility for my emotional and/or physical well being before, during and after sessions or classes, and I will instruct others I share these techniques with to take the same responsibility for them.
3. I (the client) agree that it is my responsibility to notify my therapist and/or physician prior to using these

skills and agree to their supervision if suggested. I will continue to take all my medications as prescribed and remain under the care of my physician or therapist for any medical, emotional or mental condition for which I am currently being treated or believe I may need treatment.4. I (the client) will not use these techniques to try to solve a problem where my common sense would tell me it is not appropriate.5. I (the client) take full responsibility for what I do with these techniques, and will hold harmless Elana Michelson, or anyone else associated with the techniques, from any claims made by myself, or anyone whom I seek to help. Subject to the other provisions of this agreement, I may use any of the techniques on behalf of others or myself.6. I (the client) understand that the services provided by Elana Michelson are limited to education pertaining to my overall wellbeing. I understand these services may include her physically tapping on my body at various acupressure meridian points. I grant my permission for limited physical contact. I agree to tell her immediately if it causes me any physical discomfort. I understand that these techniques may reveal some problems I had forgotten, but they don't cause new problems. I understand I can accept or not accept any recommendations and I can terminate our relationship at any time.7. I (the client) understand that my full identity will NOT be disclosed without my prior consent, if the issues I address during PRIVATE SESSIONS are shared with others in a general way for the purpose of educating them about these techniques.8. In the event I (the client) am in a group session or class, which is being recorded on video and/or audio media, I agree for Elana Michelson to use my name, image, likeness and/or voice. I hereby release all claim on confidentiality,

interest, royalties, reproductions, distributions and public access of such media.9. In the event a private session is recorded on written document, video or audio media, I (the client) understand that all records are confidential and will be for private use by Elana Michelson or made available to me for an additional fee. Any records of private sessions will not be viewed by anyone else without my prior written consent.10. **In the event a free healing journey session is recorded on written document, video or audio media, I (the client) understand that all records can be used on you tube social media Elana's site and for use in demonstrations for classes or other educational purposes. and can be sold by Elana. I hereby release all claim on confidentiality, interest, royalties, reproductions, distributions and public access of such media.**

2. 11. I (the client) acknowledge that I have read the above agreement, understand it completely and have received a copy of the same. I therefore retain Elana Michelson as a Faster EFT Level IV Practitioner , NLP master practitioner, Rapid pain elimination therapist and mind mediator therapist, and voluntarily make and grant this Waiver in favor of Elana Michelson of Optiontoheal.com

SIGNATURE _____ Today's Date _____