**Client Agreement for Service**

**Disclaimer**

I understand that any information that Titiana Popa 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, and The Emotion Code( TEC). While there is increasing amounts of research showing the effectiveness of these techniques, EFT and TEC is not yet accepted as a mainstream method and therefore, is considered experimental.

Due to the experimental nature of EFT and TEC, I agree to assume and accept full responsibility for any and all risk associated with utilizing EFT and TEC both in and out of a session with Titiana Popa. In no case is EFT or TEC intended to diagnose, treat, cure or prevent any disease or psychological disorder. Neither EFT, TEC 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 and TEC are not to be considered a warranty, guarantee or prediction regarding any outcome of any individual using EFTand TEC.

I understand that Titiana Popa is a certified EFT and TEC practitioner. Titiana Popa 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 advise 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 to replace, medical or psychological care.

The Emotion Code is a powerful and simple way to rid yourself of unseen baggage. Releasing trapped emotions often results in the sudden disappearance of physical problems, self-sabotage, and recurring relationship difficulties.

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 Titiana Popa’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 advise I deem necessary or appropriate to make an informed decision before commencing sessions utilizing EFT and TEC.

* 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 bellow, given freely and without pressure from any person, I consent to the use of EFT, TEC and other energy based modalities within my sessions.
* I understand that Titiana Popa 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 Titiana Popa from and against any and all claims or liability whatsoever kind of nature arising out of the connection with my sessions.

**Other General Practice Policies**

**Name**

**Signature**

**Date**

**EFT Tapping Intake Form**

**Name (required)**

**Preferred phone(s)**

**Skype ID**

**Email( required)**

**Mailing address**

**Emergency contact (name and phone #)**

**Date of birth**

**Relationship status**

**Children? Name and ages, or none**

**Please check on your** Stress or Anxiety Workaholic

**most pressing current** Fears or Phobias Self esteem

**issues** Weight issues Chronic pain

Empty nest Grief

 Menopause Lack of purpose

 Anxiety about aging Anger or resentment

 Divorce or breakup Confidence

 Marriage or relationship problems Performance

 Traumatic memories Prosperity

 Lack of joy

**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 work?**

**Have you done EFT before?**

**If “yes”, with a practitioner**

**or self?**

**Do you have a history of**: Epilepsy

 Panic attacks

 Asthma

**Are 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?**

**How did you hear about me?**

**Any other note, comments**

**or questions?**

**E-signature**

**Parent(s)/ Guarantor(s)’**

**E-sgnature, if client is minor**

**Date - -**

 **Month Day Year**