

# Karen Corbett EFT Practitioner

Emotional acupuncture without the needles.

**Web:** [www.karencorbetteft.com](http://www.karencorbetteft.com)

**Phone:** 0425 787 676

**Email:** [contact@karencorbetteft.com](mailto:contact@karencorbetteft.com)

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## Reason for your visit today:

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## Personal History:

Name:

Address:

Phone (Home):

Phone (Mobile):

Occupation:

Date of Birth:

Partner's Name

Occupation:

No. of Children:

Gender:

Ages:

Referred by:

Health Care Card:

Pension Card:

## Medical History

Name of Current Doctor:

May I contact your doctor if required?

Current Medications:

Have you been hospitalized in the last 2 years? If so, please give details:

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Have you ever seen a psychologist or psychiatrist?  
If so when and for how long?

Have you ever suffered from any of the following?

Epilepsy	Phobias	Blood pressure:	High	Low	Arthritis
Cancer	Heart Ailments	Diabetes	Insulin Dependent		Hypoglycemia
Chronic Pain	Skin Disorders	Migraines		Fatigue	Anxiety/Panic
Obsessions	Nightmares				

Have you ever taken medication for depression or anxiety?  
If so what?

Have you ever had EFT?

Do you smoke?  
If so, how many a day?

Do you drink alcohol?  
If so, how much?

How often?

Other relevant Information:

To the best of my knowledge the above information is true and correct

Signature:

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