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BODY VITALITY TRANSFORMATION PROGRAM INTAKE FORM

Name:	
Date of birth:	
Email address:	
Phone number:	
Relationship status:	
Profession/job:	

1. What are the areas you would like to explore during your Transformation Program? (For example, problems you would like to solve or heal, any goals you desire or outcomes you want)

2. What are the 3 most important changes you would like to make in your life?

3. What prevents you from making these changes?

4. Answer only if relevant: What have you done so far to solve the problem or reach the goal or outcome? What has worked and what has not worked?

5. How will you know you have made these changes?

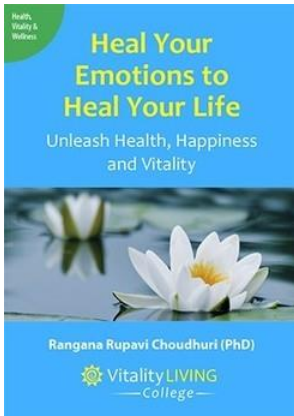
6. What are the priorities you would like to focus on during the Transformation Program? (list top 3 in order)

7. What are your expectations from your coach/practitioner?

8. On a scale of 1 to 10 how committed are you to achieving the results and changes you desire? (10 being fully committed, 1 being not at all)

9. Any other information: (for example, information from medical professionals and healthcare specialists)

For those new to Emotional Freedom Techniques (EFT) or want to learn more you can access to a complementary booklet on “Heal Your Emotions to Heal Your Life” with an introduction to EFT.



The booklet explains what EFT is, the EFT Tapping points and how it helps to relieve stress, tension, and past negativity to feel happy, healthy and at peace. <https://vitalitylivingcollege.info/how-to-gain-emotional-freedom-and-peace/>

Your Practitioner in Training has completed Training with Vitality Living College (VLC) in EFT and as a result abides by an international code of conduct and a set of guidelines to provide the best level of care & support.

Submission of this form and/or your signature below means that you have also read, understood, and agreed to these [guidelines and terms](#) prior to your one-to-one sessions and consultation calls commencing.

In summary:

- **Disclaimer:** You agree to treat the sessions as emotional therapy and coaching, and not medical/mental health diagnosis or treatment.
- **Confidentiality:** You & your Practitioner agree to keep the session(s) confidential.
- **Record Taking Consent:** You agree that your sessions might be recorded and shall be kept confidential.
- **Informed Consent:** You agree to provide consent for the consultation calls and therapeutic sessions with EFT and have read the background information about the treatment, <https://vitalitylivingcollege.info/how-to-gain-emotional-freedom-and-peace/>
- **Data Information and Privacy:** Your sessions are private and are governed by our Privacy Policy and Data Protection Declaration.
- **Indemnity:** You agree to keep VLC harmless from the acts of the Practitioner
- **Dispute Resolution:** In case of any dispute, we shall amicably settle such disputes between each other, unless the need to take some legal measures arises.
- **Contact:** If you have any questions about your session or the above information, please contact me on [\[ADD YOUR EMAIL AND OR PHONE\]](#).