EFT Session Notes

Your Name: Session Date: Session Number:

Client Identifier: Client Issue: Client Session:

### What they asked for help with and what you observed at the start ?

### How you started tapping? Did you use Gentle Techniques?

### False truths or memories that emerged? How? Were they cleared?

### How did the session conclude? How did you test?

### What did you learn? What did you find difficult?