

Self-exploration Sheet – EFT with Lucie®

What is/are the issues you would like to work on? (ex: chronic pain, fears, insomnia, etc.)

What other treatments or therapies have you been using so far for this/these issue(s)?

When did you start having this/these problem(s)?

What was happening in your life at that time?

If there was an emotional contributor to the issue(s) what would it be?

Can you identify a pattern? (ex: "My shoulders start to tense every time I feel/I do...")

If there was one event in your past that you'd rather leave out if you had to relive your life, what would it be?
