



# CYNTHIA SIMA COACHING

THE SACRED ART OF THE COMEBACK

## Confidential Client History Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship Status \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail (Personal): \_\_\_\_\_ Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Significant Other (if any): \_\_\_\_\_

No. Of Children (if any): \_\_\_\_\_

How did you hear about LUMINA EVERFLAME LLC? Referral \_\_\_ Other \_\_\_

Have you ever been diagnosed with depression, anxiety, addiction, bipolar disorder, manic depression, mood disorder, impulse control issues, or other emotional or behavioral difficulties? If yes, please state the dates and details of any diagnosis, as well as the physician(s) or practitioner(s) who made the diagnosis:

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**\*\*\*Please note that LUMINA EVERFLAME LLC does not provide medical treatment, psychotherapy, or any type of mental health counseling or therapy. If you desire such services but are still interested in learning EFT, we will gladly refer you to a mental health practitioner who uses EFT. Learning EFT with LUMINA EVERFLAME LLC is not a substitute for mental health treatment or medication, and no such treatment or medication should be stopped without first consulting a mental health professional or medical professional.\*\*\***

Have you ever been in any form of counseling, therapy, or recovery program? If yes, please state the dates and details, including all treating physicians and practitioners, and explain what you feel the effectiveness was:

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Have you ever taken or been prescribed any medications for depression, anxiety, addiction, bipolar disorder, manic depression, mood disorder, impulse control issues, or other emotional or behavioral difficulties? If yes, please state the medications used or prescribed; the dosages taken or prescribed; the physician or practitioner who made the prescription or recommendation; and how effective you feel the medications were:

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Have you ever attempted suicide, been diagnosed as suicidal, or felt suicidal? If yes, please explain in detail. Please include any thoughts or fantasies of suicide you have had:

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Have you ever felt, or do you now feel, dangerous to yourself, your significant other, or other people? If yes, please explain in detail? \_\_\_\_\_

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**\*\*\*If you feel suicidal or otherwise dangerous to yourself, or if you feel dangerous to others, you should immediately contact a qualified mental health professional for evaluation and treatment.\*\*\***

Have you used or heard of EFT before?\_\_\_\_ If yes, please explain your understanding of EFT, and if you have used it before, please state when, identify the person(s) with whom you worked, and describe your experience and results: \_\_\_\_\_

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Please explain in detail your reasons for coming to **LUMINA EVERFLAME LLC** and for your interest in EFT. What are you hoping to accomplish?

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Please give a brief account of the history and development of the difficulties or challenges that have brought you to **LUMINA EVERFLAME LLC**:

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Other than anything you already described above, have you made any other attempts to address these issues? If yes, please explain in detail (continued on next page):\_\_\_\_\_

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Give your three top goals you hope to accomplish with **LUMINA EVERFLAME LLC**:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Regarding the difficulties or challenges that have brought you to NAME/COMPANY, please rate the level of distress you presently feel:

*1 = feeling good/does not bother you; 10 = most upset you can be or have ever been.*

Today (circle) 1 2 3 4 5 6 7 8 9 10      Avg. for last week: 1 2 3 4 5 6 7 8 9 10

Avg. for last month: 1 2 3 4 5 6 7 8 9 10      Avg. for last 6 months: 1 2 3 4 5 6 7 8 9 10

If the difficulties or challenges that brought you to LUMINA EVERFLAME LLC were not part of your life, how do you feel your life would be better or different?

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If you do not experience significant relief from the difficulties or challenges that brought you to LUMINA EVERFLAME LLC, what do you fear might happen? How do you think life will be for you?

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**Check Any of the Following That Apply to You:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Headache           | <input type="checkbox"/> Inferiority Feelings        | <input type="checkbox"/> Shy With People              |
| <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Feel Tense                  | <input type="checkbox"/> Can't Make Friends           |
| <input type="checkbox"/> Fainting Spells    | <input type="checkbox"/> Feel Panicky                | <input type="checkbox"/> Afraid Of People             |
| <input type="checkbox"/> No Appetite        | <input type="checkbox"/> Fears and Phobias           | <input type="checkbox"/> Home Conditions Bad          |
| <input type="checkbox"/> Over-Eating        | <input type="checkbox"/> Obsessions                  | <input type="checkbox"/> Unable To Enjoy Things       |
| <input type="checkbox"/> Stomach Trouble    | <input type="checkbox"/> Depressed                   | <input type="checkbox"/> Always Worrying              |
| <input type="checkbox"/> Bowel Disturbances | <input type="checkbox"/> Suicidal Ideas              | <input type="checkbox"/> Don't Like Weekends/Vacation |
| <input type="checkbox"/> Always Tired       | <input type="checkbox"/> Take Tranquilizers          | <input type="checkbox"/> Can't Make Decisions         |
| <input type="checkbox"/> Always Sleepy      | <input type="checkbox"/> Alcoholism                  | <input type="checkbox"/> Over-Ambitious               |
| <input type="checkbox"/> Unable To Relax    | <input type="checkbox"/> Dangerous Drugs             | <input type="checkbox"/> Financial Problems           |
| <input type="checkbox"/> Insomnia           | <input type="checkbox"/> Allergy                     | <input type="checkbox"/> Gambling                     |
| <input type="checkbox"/> Recurrent Dreams   | <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Job Problems                 |
| <input type="checkbox"/> Nightmares         | <input type="checkbox"/> Don't stand up for yourself | <input type="checkbox"/> Can't Keep A Job             |
| <input type="checkbox"/> Hallucinations     | <input type="checkbox"/> Sexual Problems             | <input type="checkbox"/> Other                        |

## Other Medical History

Have you ever been treated for: Heart problems \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Diabetes \_\_\_\_\_

Epilepsy/Seizures \_\_\_\_\_ Chronic Pain \_\_\_\_\_ \*Post-Traumatic Stress/PTSD \_\_\_\_\_

If you have checked any of these, please identify the dates of treatment and your treating physician or practitioner: \_\_\_\_\_

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**\*If you have checked PTSD, please remember that LUMINA EVERFLAME LLC does not provide medical treatment, psychotherapy, or any type of mental health counseling or therapy. If you desire such services but are still interested in learning EFT, we will gladly refer you to a mental health practitioner who uses EFT.**

Are you currently taking any medications other than those listed in response to previous questions? If so, please state the medication; the reason(s) for the medication; the dosage; how long you have been taking the medication; and the prescribing physician or practitioner: \_\_\_\_\_

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Have you had any prolonged illness? If yes, please describe in detail:

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Please explain your sleeping patterns and quality of sleep in detail: \_\_\_\_\_

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Do you suffer from any significant physical pain? If so, please note the location(s) on your body; the onset and history; and any treatment you have had: \_\_\_\_\_

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Please rate the pain: 1 = minimal pain; 10 = worst pain

Today: 1 2 3 4 5 6 7 8 9 10 Avg. for last week: 1 2 3 4 5 6 7 8 9 10

Avg. for last month: 1 2 3 4 5 6 7 8 9 10 Avg. for last 6 months: 1 2 3 4 5 6 7 8 9 10

**\*DISCLOSURE – PLEASE READ CAREFULLY\***

As part of my work with **LUMINA EVERFLAME LLC**, I will learn about something called Emotional Freedom Techniques (EFT), which is a type of energy release technique. EFT is a relatively new approach to stress relief and the extent of its effectiveness, as well as its risks and benefits, are not fully known. The prevailing idea is that EFT uses the ancient Chinese meridian system to help alleviate stresses by balancing the energy system with a gentle tapping procedure. The procedure involves acupressure (tapping with my fingertips) on acupuncture points (called acupoints) on the face, upper body and hands with the goal of stimulating designated meridian end points on the face and body. While many people experience benefits with EFT, others do not. There is no scientific explanation regarding why EFT works for some people and does not work for others.

\_\_\_\_\_ (Please initial)

LUMINA EVERFLAME LLC is not a licensed psychiatrist, psychologist, social worker, or mental health professional. She is not licensed or trained to diagnose any form of mental illness, and she is also not licensed to prescribe or recommend any medication. I understand that I will not be receiving any form of mental health counseling at LUMINA EVERFLAME LLC.

\_\_\_\_\_ (Please initial)

By signing this document, I acknowledge that EFT is experimental, and, as part of my coaching sessions with LUMINA EVERFLAME LLC, I agree to assume and accept full responsibility for any and all risks that may be associated with EFT. I further understand and agree that the information presented in my sessions is for my personal use only and not for application to others.

\_\_\_\_\_ (Please initial)

I understand that through the use of EFT, unpleasant emotional or physical sensations or unresolved memories may surface, and I may experience some emotional distress related to prior life experiences. Emotions may continue to arise after the session. I understand that I am encouraged to discuss such emotions with an appropriate health care provider such as a licensed psychologist, psychiatrist, social worker, or mental health counselor.

\_\_\_\_\_ (Please initial)

In addition, I understand that by using EFT, it is possible that previously vivid or traumatic memories may fade. This could adversely impact my ability to provide detailed legal testimony regarding a traumatic incident.

\_\_\_\_\_ (Please initial)

I understand that since **LUMINA EVERFLAME LLC** is not a licensed psychologist, psychiatrist, social worker or mental health counselor, she may legally be subpoenaed to testify in a legal action in which I am involved and forced to give testimony regarding information learned during my involvement with LUMINA EVERFLAME LLC. While **LUMINA EVERFLAME LLC** promises to keep all information 100% confidential to the fullest extent of the law, I understand that I assume the risk of her being subpoenaed in a legal action and being forced to reveal personal information about me that would otherwise be confidential.

\_\_\_\_\_ (Please initial)

The information presented during the coaching sessions, including but not limited to information about EFT, is not intended to diagnose, treat, cure, or prevent any disease, illness, addiction, or other psychological, mood, impulse control, emotional, behavioral, or mental health disorder. EFT is not a substitute for professional medical, psychological, psychiatric or other mental health treatment. I understand that LUMINA EVERFLAME LLC does not recommend I stop seeing any of my health care professionals or using prescribed medicine without consulting with the appropriate health care professional.

\_\_\_\_\_ (Please initial)

Any stories or testimonials presented during my sessions do not constitute a warranty, guarantee, or prediction regarding my results from using EFT. I understand that LUMINA EVERFLAME LLC makes no warranty, guarantee, or prediction regarding my individual results. I further understand that LUMINA EVERFLAME LLC strongly advises that I seek professional medical advice as appropriate before making any health decisions.

\_\_\_\_\_ (Please initial)

**LUMINA EVERFLAME LLC** has the following education, training, and experience:

- 1.
2. etc..

**I acknowledge that LUMINA EVERFLAME LLC has given me the opportunity to ask questions regarding any aspect of this Agreement. By signing below, I acknowledge that I have carefully and completely read, and fully understand, all aspects of this Agreement and that I agree to all of the terms and conditions stated herein. This Agreement shall be binding upon me and my heirs and legal representatives.**

\_\_\_\_\_ (Please initial)

**I represent that I am an adult under the laws of the State of my residence and have the right to enter into this Agreement. If I am a minor, I shall have my parent or legal guardian consent to and join in this Agreement by signing in the space provided below.**

**Please indicate your acceptance and agreement by signing in the space provided below.**

**Client:**

**Parent (if Client is under 18):**

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**Signature and Date**

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**Signature and Date**

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**Print and Date**

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**Print and Date**