

# EFT Tapping Worksheet - Patient Session

## Patient Information

Name:

Date:

Chief Concern/Issue:

Set-Up Statement:

## Tapping Sequence

Top of the Head (Crown)	
Eyebrow	
Side of the Eye	
Under the Eye	
Under the Nose	
Chin	
Collarbone	
Under the Arm	
Top of the Head (Crown)	

## Reassessment

- Rate the intensity of the issue on a scale of 0 to 10 before tapping: \_\_\_\_\_
- Rate the intensity of the problem on a scale of 0 to 10 after tapping: \_\_\_\_\_

**Additional Notes**

**Homework/Practice Recommendations**