

# 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**