



## Client Data

Please complete and Sign prior to session.

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ email: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

*I understand that Estell Porter is not a licensed therapist and that I am responsible for all my decisions, actions and feelings.*

I also understand that EFT is not a substitute for medical or psychological treatment. Further, I understand that Adonai Group Inc, or Estell Porter, EFT-ADV Practitioner makes not warranty, guarantee, or prediction regarding any outcome for me using EFT for any particular issue.

By going forward with this session, and by using these techniques on myself or others, I agree to take full responsibility for my own well-being and will advise my clients or other EFT subjects to do the same.

I agree to take full responsibility for my own well-being.

I agree to hold harmless Adonai Group Inc., Estell Porter, EFT-ADV Practitioner, the session leader, or Gary Craig, the founder of EFT liable for any side effects or results of the treatment session.

I agree not to record the session.

*I have read and understand all of the following:*

- 1) Payment (in the form of cash, check or credit card [via paypal]) is required for all services and at the time of visit.
- 2) Returned checks will be charged a \$39 fee to cover processing and bank fees.
- 3) Overdue accounts (more than 30 days past due) are subject to a 1 ½ % monthly late charge fee. In the event that a delinquent account must be turned over to collections, the patient is responsible for all attorney fees, court costs and collection agency fees associated with the collection process.
- 4) In order to provide the best possible service and availability to all our patients, it is office policy to charge a \$30 fee for any appointments not cancelled at least 24 hours prior. Please call us as early as possible if you know you will need to reschedule your appointment.

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

Facilitator—Estell Porter BA, Life Coach, EFT-ADV Practitioner  
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