

EFT patient info

Date _____

Name _____ DOB _____

Address _____

Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Email _____

Best way to contact _____

Emergency Contact _____ (____) _____

I understand that EFT (Emotional Freedom Technique) is an out of pocket expense and not payable by any insurance companies nor supported by FSA or HSA accounts. All payments are due at the time of service with no exceptions.

I understand that EFT (Emotional Freedom Technique) is not intended to replace any other therapy that I may have. Dr. Shakib is a certified EFT practitioner and not a licensed therapist or psychologist.

Please add me to your email list to receive non-EFT but health related emails from your office.

Yes, please _____

No, Thank you _____

Signature of Patient, Parent or Guardian

Date

Print Name of Patient, Parent, or Guardian

Relationship to Patient

Irvine Spine and Wellness Center
Core Pelvic Floor Therapy
15375 Barranca Pkwy, Suite A-104
Irvine, CA 92618
949-552-5535