ACEP EFT CERTIFICATION PROGRAM

Documentation of EFT Sessions

PRACTITIONER NAME _____

DATE	CLIENT (initials only)	EVENT TITLE	BEGINNING INTENSITY	ENDING INTENSITY	NOTES ON REMAINING INTENSITY (where, what)

ACEP EFT Certification Program

Tell the Story Technique - Session Worksheet

Presenting Issue: _____   **Client Initials:** _____

Tabletops/Symptoms Tested: **0-10:**   **Session Date:** _____

_____ _____

_____ _____

_____ _____

Specific Event Title: _____

Criteria:

How long is the event?_____ *(how much time elapsed from beg to end? narrow down to three mins or less)*

How long ago did it happen?_____ *(generally, the farther back the better)*

How many crescendos do we expect?_____ *(narrow down to three or less)*

Clear beginning and ending points?_____ *(bookends for the story)*

Can you identify a neutral spot? _____ *(just before anything uncomfortable happened)*

Beginning Intensity 0-10: _____ *(thinking about the event as a whole)*

Tell the Story Technique:

Global rounds on the event as a whole? YES/NO Setup: _____

Crescendo #1 Notes: _____ Ending Intensity _____

Crescendo #2 Notes: _____ Ending Intensity _____

Crescendo #3 Notes: _____ Ending Intensity _____

Other Notes: _____

_____

Testing the Event:

One time through the event without intensity _____

Vivid Visualization _____

Follow up on Presenting Issue:

Tabletops/Symptoms Tested: **0-10:**

_____ _____

_____ _____

_____ _____