

Please fill out the following form. Be easy with yourself as you fill out these questions. Some of the questions you are going to have lots to say while others you will leave blank. This is nothing more than a tool that is going to help us to move forward in the visioning and planning processes.

Please feel to type your information directly into this document.

Part 1: Personal Information

Name:

Name I Should Call You:

Choice of Pronouns:

Mailing Address:

Email:

Best Phone Number (include country code):

Back Up Phone Number:

Date Of Birth:

Website:

Social Media Links:

Part 2: Tapping Information

How did you originally find about Gene and TappingQandA.com?

What tapping resources and training resources do you own and/or use? (Please include newsletters, websites, podcasts, DVDs, book, live trainings etc.)

Do you tap on your own? If so, how much, for what issues, and to what degrees of success?

Have you ever worked with a tapping practitioner before? If so, what issues did you work on and how successful was the sessions?

Part 3: Program Information

When you read about the program, what aspect(s) appealed to you the most?

Now that you are committed to the program what worry/worries do you have about the program? (This could be worries about the program meeting your needs, working this comprehensively, success, failure, find time to do the work, have support from others in your life)

Part 4: Where you are right now

Please provide a clear description of what is going on in your life. Include recent victories, lessons learned, struggles, failings, repeating patterns, and any other information that you feel is pertinent. You only need to provide information for the areas you want to work on with this program. Feel free to provide information for the areas that we are not going to be working on, but you feel would be useful for me to know. There might be some overlap in some of your answers. You don't need to repeat yourself.

Professional Life:

Physical Health:

Spiritual Life:

Relationships:

Self Care:

Financial Life:

Part 5: Self-Sabotage

Describe the types of self-sabotaging behaviors are you most prone to do. Please include specific examples. (ex: never making sales calls, never releasing a product because it has to be perfect, once you have a level of success doing something to mess it up, not knowing where to start so you don't do anything at all, being just busy for busy sake and not doing important tasks):

Part 6: Where You Would Like To Go

If time and money were no object, what would the following areas of your life look like one year from now. Please provide as little or much detail as you can think of. Bear in mind that we are going to be spending a great deal of time at the beginning of the program fleshing this out, so be easy with yourself if you have a hard time coming up with a vision.

As you are doing this part please also include in parentheses any negative self talk that comes up with any of these goals. Example: "I would like to lose 40 pounds. (That is never going to happen.) And yes, it is ok if there are multiple lines of self-talk for each goal. That is why we are doing this work, to clear that out.

Professional Life:

Physical Health:

Spiritual Life:

Relationships:

Self Care:

Financial Life:

Part 7: Hopes and Support

What specific hopes do you have for this program outside of reaching specific goals?

What should Gene know about you, how you work, and how you are best coach in order to be a support to you.

Part 8: Other

What other information is important for me to know about you and your situation?