

Healing Touch Session Documentation

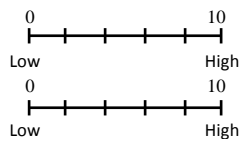


Date: _____ Session #: ___ Session Length: _____

Client: _____ Last Treatment: _____

1. Intake/Update:

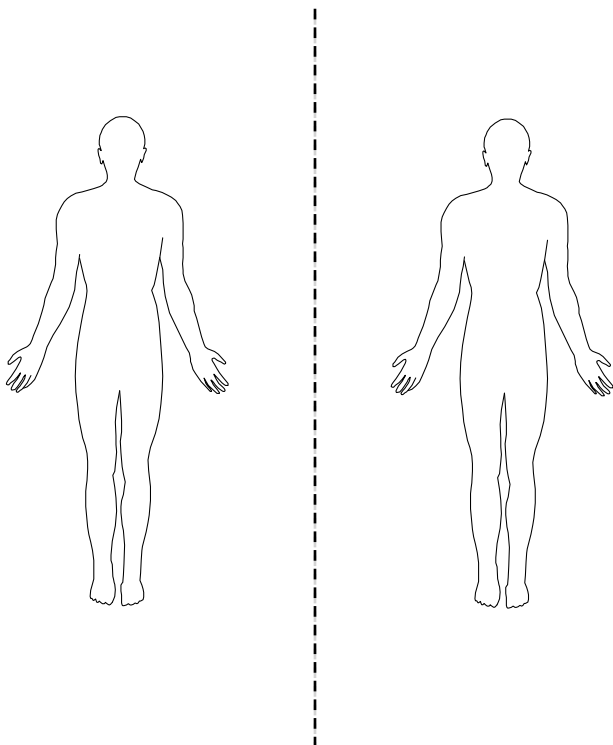
2. Health Issue(s) to be addressed in this session: P E M S, pain (statement required/scales optional):



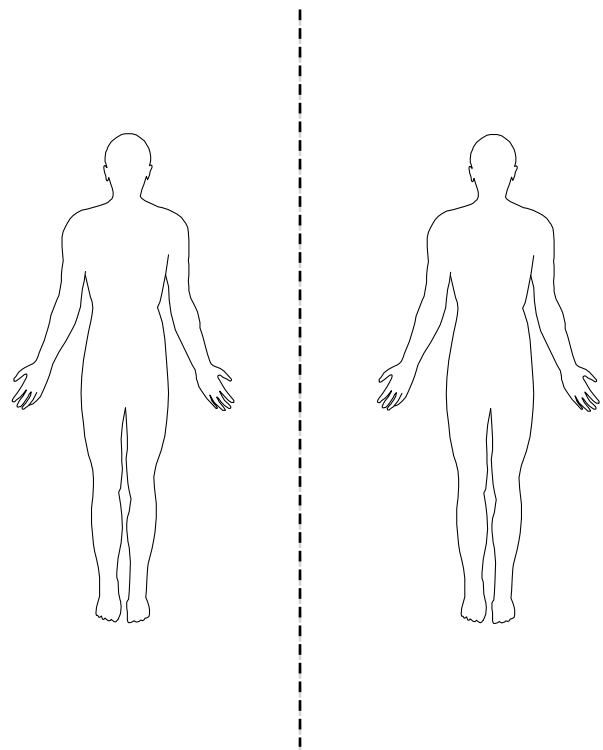
3. Mutual Goals/Intention(s) for Healing (to balance/clear/open/energize the human energy system in order to):

4. Practitioner Preparation (describe Ground, Center and Attune):

5. Pre-Treatment Energetic Assessment:
(Energy Centers and Energy Fields/Label front or back)



7. Post-Treatment Energetic Assessment:

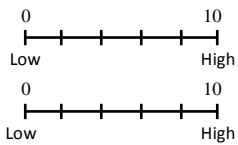


6. H. T. Interventions with Rationale:

8a. Describe Grounding of Client:

8b. Describe Release:

9a. Client Feedback - P E M S, pain:



9b. Practitioner Observations and Evaluation:

10. Plan (growth work, self care, referrals, appt):