

Healing Touch Session Documentation

Date ____/____/____ Session #: _____

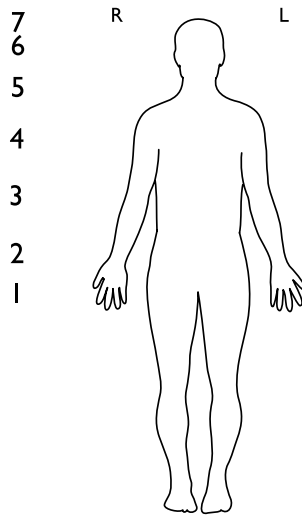
Client: _____ Practitioner: _____

Session Length: _____ Last Treatment: _____

1. Intake / Update:

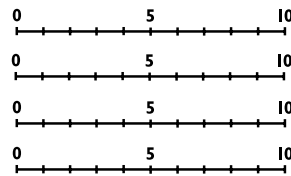
2. Practitioner Preparation:

3. Pre-Treatment Assessment:



4. P.E.M.S Health Issues / Problem Statement(s) to be addressed in this session.

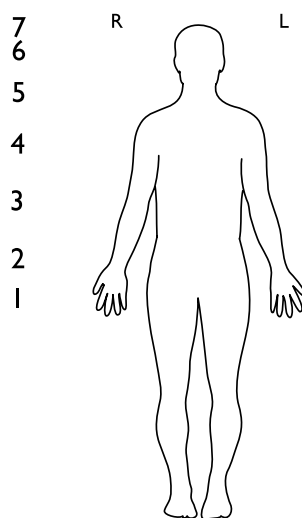
(Physical, Emotional, Mental, Spiritual)



5. Mutual Goals / Intentions for Healing (short/long term):

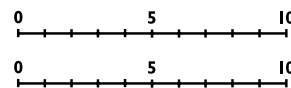
6. H.T. Interventions / Treatment:

7. Post Treatment Energetic Assessment:



8. Ground and Release:

9. Evaluation and Feedback:



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