

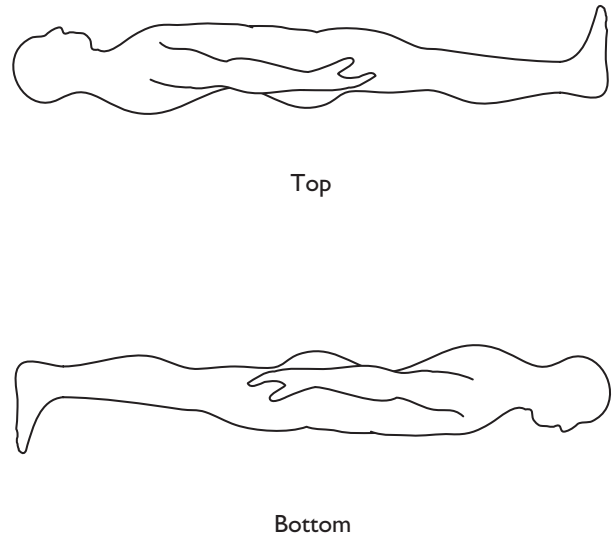
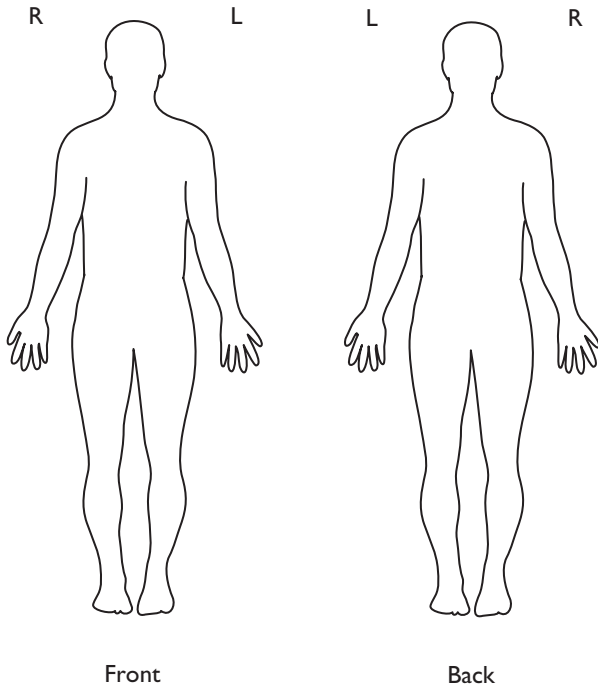
Healing Touch Session Documentation

Date ___/___/___ Session #: _____

Client: _____

Session Length: _____ Last Treatment: _____

Reason for Current Visit: _____ Feedback from Last Treatment: _____

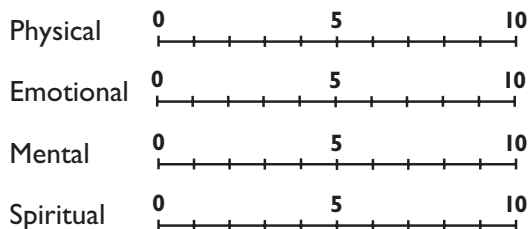


1. Intake / Update:

2. Practitioner Preparation:

3. Pre-Treatment Energetic Assessment:

4. P.E.M.S Health Issues / Problem Statement(s):



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

6. H.T. Interventions / Treatment:

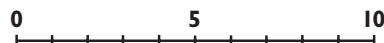
Level I Techniques

- Magnetic Passes: Hands in Motion
- Magnetic Passes: Hands Still
- Magnetic Clearing
- Chakra Connection
- Ultra Sound
- Laser
- Pain Drain
- Sealing a Wound
- Tension Headache (specify)
- Sinus Headache (specify)
- Migraine Headache (specify)
- Chakra Spread
- Mind Clearing
- Scudder

7. Post Treatment Energetic Assessment

8. Ground and Release

9. Evaluation and Feedback



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