

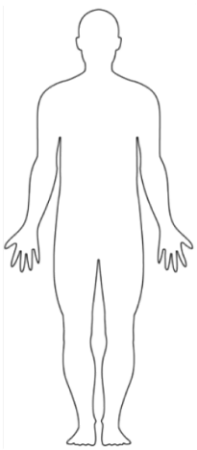
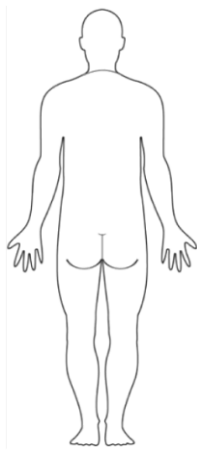

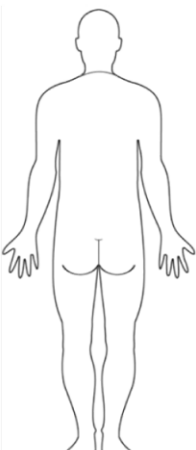
Healing Touch Session Documentation

Name _____ Date _____ Client Session # _____ Length _____

Intake/Update _____

Practitioner Preparation _____

Energetic Assessment

PRE Hand Scan		Pendulum		POST Hand Scan	
Front	Back	PRE	Chakras	POST	Back
				_____ (7) _____ _____ (6) _____ _____ (5) _____ _____ (4) _____ _____ (3) _____ _____ (2) _____ _____ (1) _____	

Problem Statement(s) _____

Mutual Goals/Plan _____

Interventions Numbered in Order Used

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> Magnetic Passes () Hands in Motion _____ () Hands Still _____ () Chakra Connection () Magnetic Clearing () Chakra Spread () Mind Clearing _____ () Ultrasound _____ () Pain Drain _____ () Laser _____ | <ul style="list-style-type: none"> Spiral Meditation () Open () Close Back Techniques () Lower Body Connection () Open Spinal Flow () Vertebral Spiral Technique () Hopi Technique () Headache Relief _____ () Scudder Technique | <ul style="list-style-type: none"> () Hara Alignment (preparation) () Chelation () Spinal Cleansing () Deep Cleansing _____ () Lymphatic Drain () Etheric Template Clearing () 6th & 7th Level Interventions () Etheric Vitality (preparation) () Full Body Connection () _____ |
|--|--|---|

