

**CLIENT SESSION DOCUMENTATION\*****ENERGETICS BOUTIQUE - INTEGRATED ENERGY MEDICINE HEALING TOUCH**

Date: \_\_\_\_\_ Session# \_\_\_\_\_ Session Length \_\_\_\_\_ Referred by \_\_\_\_\_

Client \_\_\_\_\_ Payment Plan \_\_\_\_\_

Practitioner &amp; Credentials \_\_\_\_\_ Preparation (encircle) Ground, Center, Attune

Intake/Update: (Health or Pain issues; physical, mental, emotional, spiritual)

_____	0	10
_____		
_____		
_____		
_____	Low	High
_____	0	10
_____		
_____		
_____	Low	High

Mutual Goal/Intention(s) to be addressed in this session: (to be specific, measurable, achievable, relevant, timely as possible)

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Assessments: (what Practitioner sees, feels, hears, intuit, etc)

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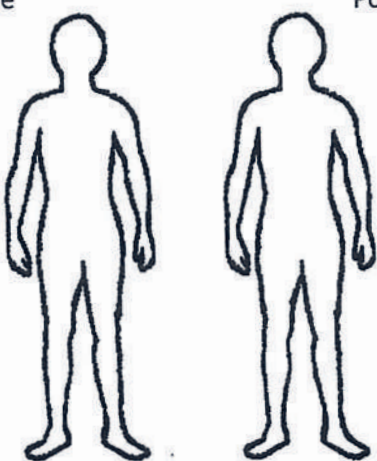


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Hara	Chakras (1-7)			Fields			Meridians/Organs
	Pre	C	Post	Pre	L	Post	
↓							Gov.
↑							Cent.
		B			F		Heart
ID		T			R		Spleen
↓		H			B		Sm. Int.
↑							Lg. Int.
Sex		SP					Bladder
SS							Kidney
Warm							Circ.
		S					Triple
Bladder							Gall
↓		R					Liver
Stomach							Lung
↑							
TT							
↓							
↑							

Hand Scan Info:

Pre                      Post



Core Star 1 2 3 4 5 6 7

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Treatment:

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Post Assessments:

Hara

Chakras

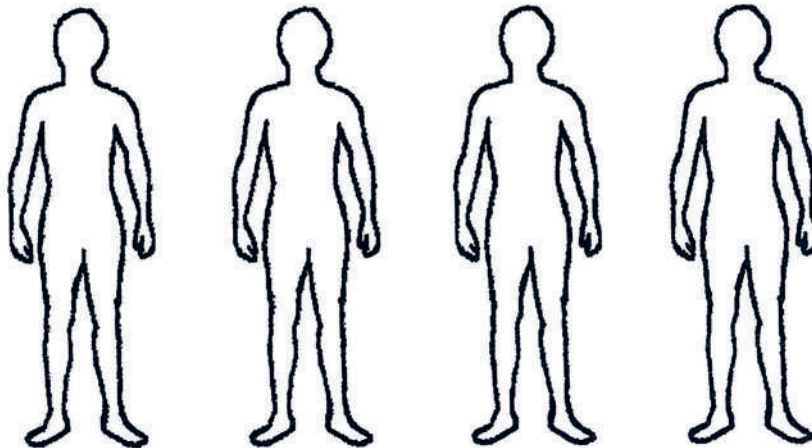
Fields

Meridians

Core Star

Hand Scan

Back Work/Trauma Release:



Client Feedback:

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Practitioner notes:

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Homework, Referrals

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Intuitive Message:

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