

Healing Touch Documentation

Name _____ Date _____

Session # _____ Session Length _____

Intake/Update (including problem statements, goals short/long term & plan,)

Practitioner Preparation

Pre-treatment Energetic Assessment (see figure 1)

Interventions

Post-treatment Energetic Assessment (see figure 2)

Ground and release

Feedback, Evaluation and Follow-up
including recommendations for self care, referrals & follow-up.

Figure 1
Pre-treatment

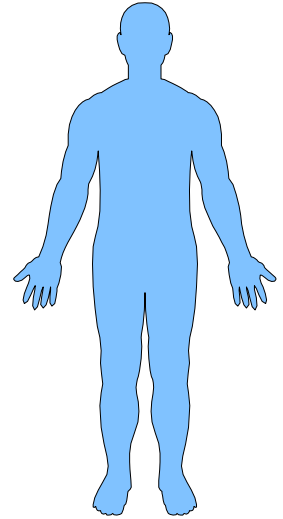


Figure 2
Post-treatment

