

Documentation Form for Assessment and Treatment

Name _____ Duration _____ Date _____ # _____

Address _____

Occupation _____ Age _____ Telephone No. _____

Email address _____

Referred By _____ Living Situation _____

Religious or Spiritual Preference _____ Health Care Team _____

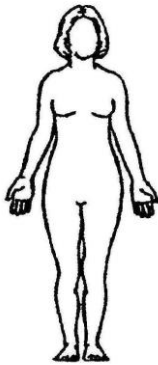
Client Remarks _____

Mutual Goals

Short Term: _____

Long Term: _____

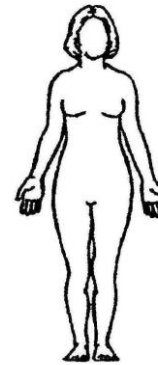
Pre-Treatment Field Assessment



Chakra	Pre	Post
Crown		
Brow		
Throat		
Heart		
Solar Plexus		
Sacral		
Root		

Symptom Scale	Pre	Post

Post Treatment Field Assessment



- Numerical order of HTSM techniques used**
 ♦♦ suggestions to OPEN/CLOSE a session
- HEALER PREPARATION**
 ___ Grounding, Centering & Attunement
 ___ Hara Meditation
- PRAYER**
 ___ Spoken Prayer
 ___ Silent Prayer
 ___ Soaking Prayer
 ___ Distance Healing
- BLESSINGS**
 ___ Blessing of the Senses ♦♦
 ___ Sign of the Cross Blessing ♦♦
 ___ Spiritual Chakra Blessing ♦♦

- ___ Sacred Heart Blessing ♦♦
 ___ Light of Christ Blessing ♦♦
- TREATMENT DOCUMENTATION**
 ___ Laying on of Hands – simple
 ___ Laying on of Hands – extended
 ___ Magnetic Clearing
 ___ Chakra Connection
 ___ Ultrasound to _____
 ___ Laser to _____
 ___ Pain Drain to _____
 ___ Pain Ridge _____
 ___ Wound Sealing _____
 ___ Emotional Release
 ___ Spiral Meditation
 ___ Casting an Angelic Net ♦♦

- ___ Chelation
 ___ Etheric Clearing, 5th Layer
 ___ Spiritual Surgery 5th Layer
 ___ 6th Layer
 ___ 7th Layer
 ___ Blessing to open the field
 ___ Light of Christ Blessing
- BACK TECHNIQUES**
 ___ Assessment of Back
 ___ Connect Lower Back
 ___ Open Spinal Flow
 ___ Vertebral Spinal Technique
 ___ Hopi Technique
 ___ Laser/Ultrasound/Pain Drain
 ___ Aura Sweep/Close

GROUND and RELEASE _____

Techniques and Rationale

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Essential Oils and Rationale

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Post Assessment Notes

Client's Experience _____

Practitioner's Comments

Homework and Rationale

Referral _____

Next Appointment _____