

Documentation Form for Assessment and Treatment (105)

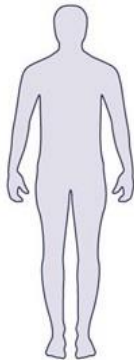
Name _____	Duration _____	Date _____ # _____
Address _____		
Occupation _____	Age _____	Telephone No. _____
Email address _____		
Referred By _____	Living Situation _____	
Religious or Spiritual Preference _____	Health Care Team _____	

Client Remarks _____

Mutual Goals

Short Term: _____
 Long Term: _____

Pre-Treatment Field Assessment



Chakra	Pre	Post
Crown		
Brow		
Throat		
Heart		
Solar Plexus		
Sacral		
Root		

Post Treatment Field Assessment



Symptom Scale	Pre	Post

Numerical order of HTSM techniques used

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

TREATMENT DOCUMENTATION

- Sacred Heart Blessing
- 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

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. _____

Post Assessment Notes:

Client's Experience _____

Practitioner's Comments _____

Homework and Rationale

Referral _____

Next Appointment _____