

TREATMENT FORM

Date:

• I seek healing in my relationship with:

Only if applicable:

• I would like healing for the following scars:

Only if applicable:

• I would like the energetic imprint of the following diagnosis to be cleared: Only if applicable:

diagnosed on

(if in doubt, go back far enough to ensure that the date of diagnosis is definitely after that)

Please notify me at least one day before your appointment.

Which ritual would I like to incorporate into my daily routine?

What insight did I gain?

Following the treatment, I noticed the following changes (please include the date if possible)

Any new issues that need to be addressed in the healing process?

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I seek for healing for...

the following physical symptoms:	Rate each symptom on scale from 1 (mild) to 10 (very severe)	1 day after treatment (0–10)	7 days after treatment (0–10)

emotional or psychological concerns:	What do I notice 1 day after the treatment?	What do I notice 7 days after the treatment	My observations on



FEEL THE
CHANGE

