**Healing Write-Up Form**

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| Client Name: |  | Date: |  |
| Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please write in paragraph form: | | | |
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| **S. Subjective:**  What is the client’s presenting complaint? What was the point of onset (i.e. ask when was the first time they ever had this issue, and ask when it triggered this time)? Ask what was happening in their lives at the time it first appeared and what is going on in their lives now? What profile body type and language can you see and hear during this discussion? What Chakra is the focus of their issue? | | | |
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| **O. Objective:**  What healing did you do? (Please only write up the practice healing prescribed) What did you feel, hear or see in your body and sense in their body that stood out in your mind (from the beginning to the end of the healing)? What was your state of mind? (i.e. What was your running commentary in your head? How much energy did you have? Were you distracted?) | | | |
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| **A. Assessment of Client:**  What was the client’s experience, in their own words? Make sure you ask them about their experience first before you offer any of your own. (Suggestibility after a healing is great so be careful to guide them toward their potential and core profile quality, and you can discuss the crazy past life you saw with your classmates.) | | | |
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| **P. Personal Assessment:**  What aspect of you did the client mirror back to you? Were you triggered by them in any way, either pushing away or loved them to death? What did you experience spiritually? | | | |
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**Pendulum Reading**

Please fill each box below, both before and after, and let your client know that you will be measuring after the healing as well. These are very important for you to see how your client holds their energy and then shifts when receiving from you. Use the notations in your student notebook to describe the pendulum readings. Answer the summary by seeing if you can relate the presenting complaint, the chakra readings, and both yours and the client’s experience.

**Muscle Testing**

Students in the 2nd and 3rd year of the program can use muscle testing to assess the chakras. The notations should be E - Excessive, D - Deficient, B - Balanced. Also make note what chakra it needs to connect with to come into balance by using the chakra number.

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| **CHAKRA MEASUREMENTS** | | | | | |
| **CHAKRA** | | | **BEFORE** | **AFTER** | **Observations (Optional)** |
| 1 | | Root |  |  |  |
| 2a | | Sacral |  |  |  |
| 3a | | Solar Plexus |  |  |  |
| 4a | | Heart |  |  |  |
| 5a | | Throat |  |  |  |
| 6a | | Forehead (3rd Eye) |  |  |  |
| 7a | | Crown |  |  |  |
| **CHAKRA** | | | **BEFORE** | **AFTER** | **Observations (Optional)** |
| 2b | Sacral | |  |  |  |
| 3b | Solar Plexus | |  |  |  |
| 4b | Heart | |  |  |  |
| 5b | Throat | |  |  |  |
| 6b | Forehead (3rd Eye) | |  |  |  |
| **SUMMARY** (required): | | | | | |
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