



Treatment form

I wish healing for...

Date _____

...the following physical complaints:	Scale from 1 light to 10 very strong	One day after treatment (0 - 10)	7 days after treatment (0 - 10)

...the following emotional / psychological issues:	What do I notice 1 day after the treatment	What do I notice 7 days after the treatment	Perception on

I wish for healing for my relationship with: _____

I would like to have the following diagnosis deleted: _____, that was
on _____ (if uncertain, then so far back that the time of diagnosis is certainly later).

After the treatment I noticed the following change (preferably with date):

New topics to be included in the healing?

Time for a follow-up appointment?

