

Session Report Form

Student Name:	
Confirmation of agreement to proceed with the Energetic Healing Assessment / treatment (prior to the treatment commencing)	
Client Initials:	Date:

Female / Male (circle)	
Relevant Client Information: (Offered or through enquiry by student)	
Recent Illness / Operations Yes / No	HBP / LBP Yes / No
Medications Yes / No	Pregnancy Yes / No
Other relevant conditions:	
Areas of Attention / Problem	

Session Number:	
Energetic Healing practice undertaken:	Recommendations for future sessions:

Referral to other health care professional if relevant:
Client Feedback:
Students own review of own performance in the role of an Energetic Healer (include recommendations for further learning).