



CONFIDENTIAL HEALING DATA SHEET

Patient's Name: _____

Age: _____ yrs

Gender: M F

Address _____

(City)

(State)

(Pin code)

Tele Phone: _____

(Home)

(Work/Mobile)

E-mail _____

Occupation : _____

Marital Status : Single Married

Patient's Condition

A. Medical condition/diagnosis

B. Symptoms

I understand that Pranic Healing is not meant to replace conventional medicine but rather to complement it. If symptoms persist, a medical doctor is to be consulted. I hereby release the person or persons or organizations providing the Pranic Healing from any liability as a result of the services received by me

I understand this testimonial shall be kept confidential, though it may be used for internal purposes

(Signature of Patient)

(Date)

Healer's Name: _____

Healing details (main protocol and healing techniques used) – mention book and page number. If from Marilette, attach the protocol.

Scanning results

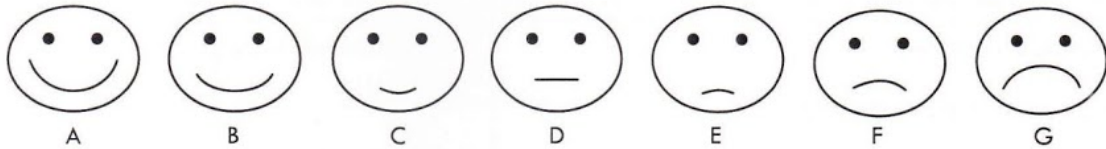
	Energy Level			Activation Level		
	Congested	Depleted	Normal	Over Active	Under Active	Normal
MAJOR CHAKRAS						
Basic						
Sex						
Navel						
Meng Mein						
Front Spleen						
Back Spleen						
Front Solar Plexus						
Back Solar Plexus						
Front Heart						
Back Heart						
Throat						
Ajna						
Forehead						
Crown						
MINOR CHAKRAS						
Back head						
Left Temple						
Right Temple						
Left Jaw						
Right Jaw						
Secondary throat						
Left hand						
Right hand						
Left Sole						
Right Sole						
Perineum						
ORGANS & MINI CHAKRAS (AS RELEVANT)						

FEEDBACK FROM PATIENTS:

Healing No. _____

Date: _____

You may use this scale for pain, discomfort etc. appropriate to your case.



Before Healing: A / B / C / D / E / F / G

After Healing A / B / C / D / E / F / G

Healers Comments:

A. Energetic changes

B. Symptomatic changes

(Signature of Patient)

(Signature of Healer)

Healing No. _____

Date: _____

You may use this scale for pain, discomfort etc. appropriate to your case.



Before Healing: A / B / C / D / E / F / G

After Healing A / B / C / D / E / F / G

Healers Comments:

A. Energetic changes

B. Symptomatic changes

(Signature of Patient)

(Signature of Healer)

FINAL STATUS OF THE PATIENT

Date: _____

(Please make the comments here measurable and specific, you may attach medical reports before and after healing)

(Signature of Patient)

(Signature of Healer)

HEALERS FINAL COMMENTS:

Total number of healings done _____

Is the healing still continued? Yes/ No

Healers understanding of the protocol, chakras involved and colours used

Other
