



**PRANIC HEALER'S CERTIFICATION COURSE**  
**ASSOCIATE PRANIC HEALING**  
CONFIDENTIAL HEALING DATA FORM

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex ( ) F ( ) M

Address: \_\_\_\_\_

\_\_\_\_\_ Marital Status ( ) Single ( ) Married

(City)

(State)

(Pin code)

Patient's Condition (Symptoms, Complaints & Problems): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

(Signature of Patient)

\_\_\_\_\_

(Date)

Healer's Name: \_\_\_\_\_

**Healer's Comment:** (Main Protocol used for healing)

( ) Basic Pranic Healing ( ) Advanced Pranic Healing ( ) Pranic Psychotherapy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient's Comments:** (After Pranic Healing Treatment (s))

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