



Practice “Guided Energy Medicine” Session Submission Form

BASIC INFO

Practitioner:

Client:

Date:

CLIENT INFORMATION

Short information provided by client on physical, emotional, and/or mental state:

[Empty text box for client information]

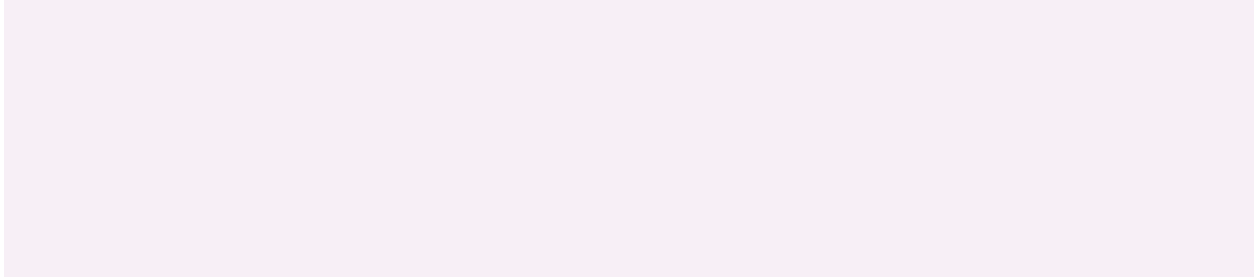
What changes or sensations did the client notice in their experience and/or what changes did you notice after the session?

[Empty text box for changes or sensations]

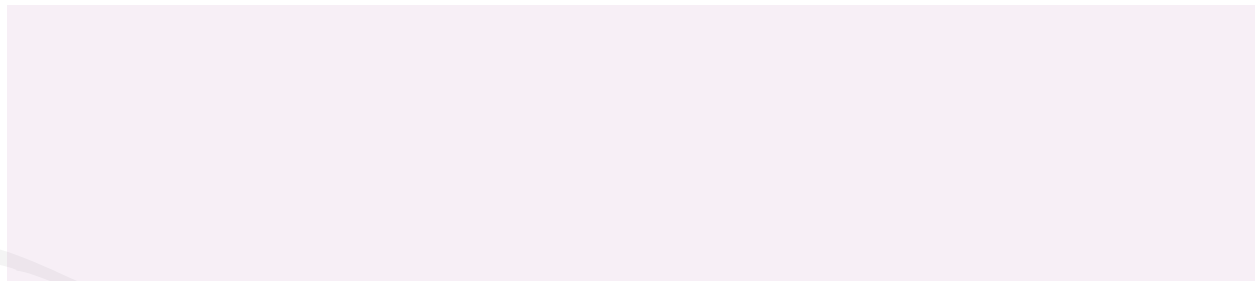


PRACTITIONER EXPERIENCE

How do you feel the session went? What was your experience of the session? (This might include how information came to you such as sensations, thoughts, emotions, images, sounds, and so on.)



What changes or sensations did the client notice in their experience and/or what changes did you notice after the session?



What did you learn from the session? Where could you have been more confident or attuned?

