Case Study Report – Integrated Healing

CLIENT NAME/ID:	DATE:
PRACTITIONER:	PHONE:
CLIENT CASE HISTORY: (illness or injury, current	nt and past interventions/diagnoses)
PRESENTING CONCERNS:	
START OF SESSION: STRESS LEVEL (x/10): (on key issues)	LIFE SATISFACTION (%):
SESSION GOAL:	
IH PROTOCOLS AND CORRECTIONS USED:	
CLIENT FEEDBACK during and after the treatmen	nt:
END OF SESSION: STRESS LEVEL (X/10):	LIFE SATISFACTION (%):

(on key issues)

CLIENT NAME/ID:				DATE: _		
FIRST ASSESSMENT (BEF	ORE SESSIC	N)				
Lit	fe Satis	fact	ion L	evels		
	0%			50%		100%
	Very	Low	Unhap	oy Hap	ру	Excellent
Health						
Emotional State						
Spiritual & Personal Growth						
Family						
Career						
Finances						
Social/Relationship						
Fun Time/Hobbies						
Stress on Key Issue (x/10)	Before	Aft	ter:	General Life	e Sat %	
SECOND ASSESSMENT (3	-4 WEEKS):	:		Dат	E:	
·	fe Satis		ion L	evels		
	0%	100		50%		100%
	Very	Low	Unhapi	oy Hap	ру	Excellent
Health						
Emotional State						
Spiritual & Personal Growth						
Family						
Career						-
Finances						-
Social/Relationship						-
Fun Time/Hobbies						
Strong on Koy Igano (v/10)	Before	A f4	ter:	General Life	Sat 0/-	
Stress on Key Issue (x/10)	Before	All	er:	General Life	e Sat %	
Which other therapies were un	ndertaken in tl	his peri	od?			
-		-				
THIRD ASSESSMENT (3 M	MONTHS - Ol	PTION.	AL):	DAT	E:	
Lit	fe Satis	fact	ion L	evels		
	0%			50%		100%
TT 1.1	Very	Low	Unhap	oy Hap	ру	Excellent
Health						
Emotional State			1			
Spiritual & Personal Growth						
Family						
Career						
Finances						
Social/Relationship						
Fun Time/Hobbies			<u> </u>			
Stress on Key Issue (x/10)	Before	Aft	ter:	General Life	e Sat %	
Which other therapies were u	ındertaken in	this pe	riod?			

INTEGRATED HEALING – SUBSEQUENT SESSIONS (OPTIONAL)

PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION:	DATE:
SESSION GOAL:	
IH PROTOCOLS AND CORRECTIONS USED:	
CLIENT FEEDBACK during and after the treatment:	
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION:	
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION:	Date:
	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL: IH PROTOCOLS AND CORRECTIONS USED:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL:	Date:
PRESENTING CONCERNS/FEEDBACK FROM LAST SESSION: SESSION GOAL: IH PROTOCOLS AND CORRECTIONS USED:	Date: