

Chi Kung - Fa Kung Session

Name _____ PH:() _____ Date: _____

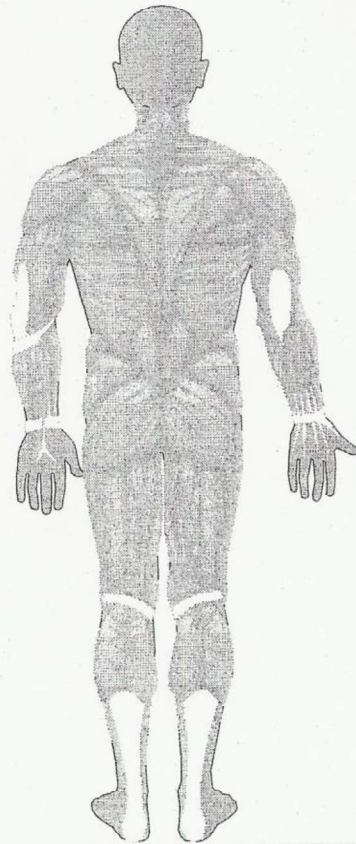
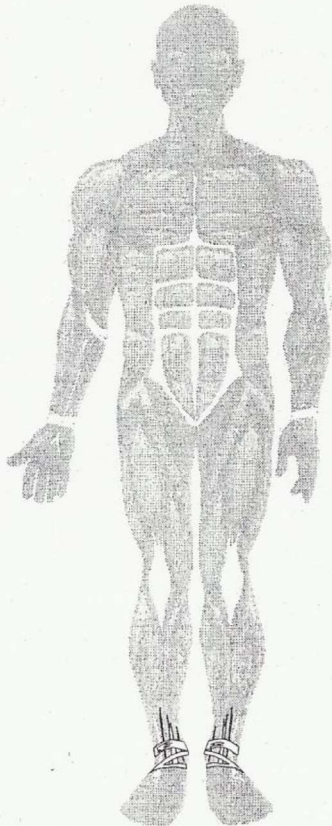
*Note: Whenever you are concerned about a change in your physical or mental state, please see a medical professional first. Also, should any symptoms you experience persist, seek professional medical attention immediately. Chi Kung and Fa Kung are ancient healing techniques that help you to heal yourself. Practitioners make no claim to cure or heal anyone under any condition. Practitioners are available to assist and teach healing techniques that may or may not help in the healing process of each individual. The Chi Kung/ Fa Kung practitioner will explain all procedures that you will undergo. Please feel free to ask questions when prompted. Respond honestly and openly.

State the nature of your complaint: _____

Please list any history of illness, injury or operations: _____

How did you feel after the session? Great ___ Okay ___ Fair ___ No Change ___
 3 Day Follow-Up: Even Better ___ Continues Positive ___ Some Change ___ Little/ No Change ___
 Next appointment: _____ Follow-Up Call Date: _____:

Energy: S**T**atic ___ S**o**oth ___
 Temp.: C**o**ld ___ C**o**ol ___
 W**a**rm ___ H**o**t ___
 Mag.: P**u**Sh ___ P**u**Ll ___
 N**e**utral ___ A**bs**nt ___



Session No. _____