

## CONFIDENTIAL HEALING DATA SHEET

Patient's Name: \_\_\_\_\_ Age: \_\_\_ yrs Sex:  M  F

Address \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Pin code)

Telephone: \_\_\_\_\_  
(Home) (Work/Mobile)

E-mail \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:  Single  Married

**Patient's Condition** (Symptoms, Medical diagnosis, Complaints, Problems)

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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.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date)

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

Healer's Comments:

a) Scanning results

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b) Healing details (main protocol and healing techniques used)

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Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

**Healers Final Comments**

- a) Total Number of Healings done: \_\_\_\_
- b) Healing being continued: Yes  No
- c) Response from healings:

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**Final Status of the Patient:**

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**Signature of Healer:** \_\_\_\_\_

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*

Healing No. \_\_\_ (Feed Back From Patient)      Date:

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\_\_\_\_\_  
*(Signature of Patient)*

\_\_\_\_\_  
*(Signature of Healer)*