Patient: _____   Date: _____
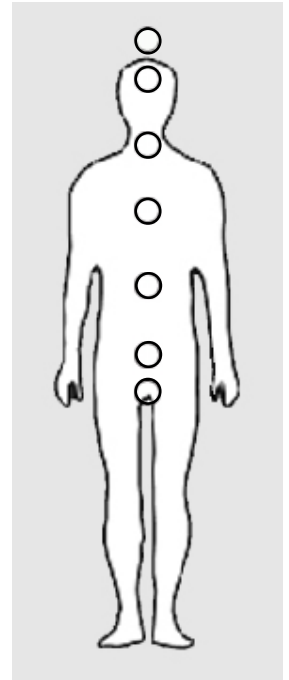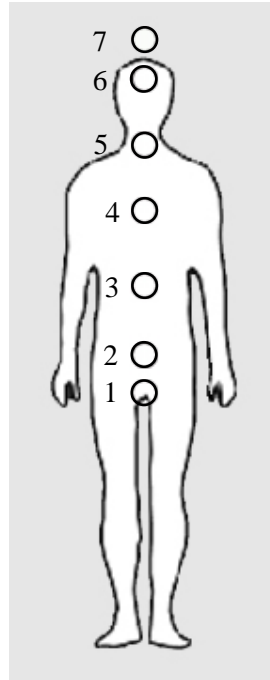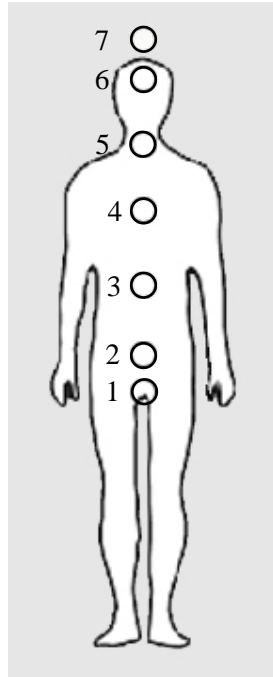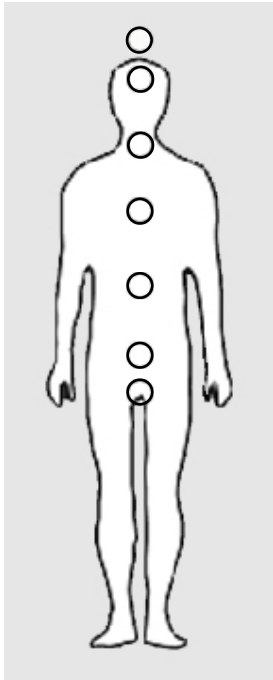
L = Leak / T = Tear
EI = Energy Impurities

X = Blocked Chakra
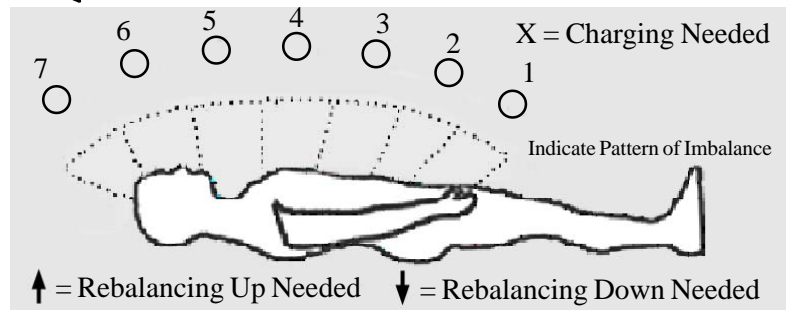
X = Radiatory Needed

Special Needs/
Diseased Areas

Charging & Rebalancing

X = Charging Needed

Indicate Pattern of Imbalance

☐ Aura Charging Needed
☐ Correction of Energy Flow Needed
☐ Grounding Needed
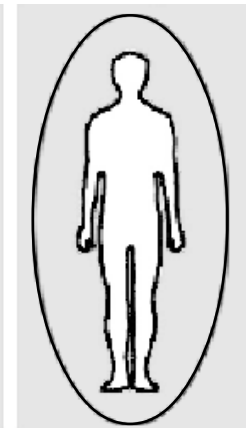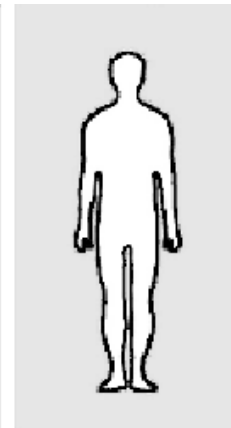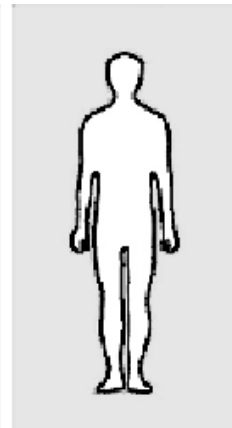☐ Spine Cleaning Needed
☐ Other Needed _____

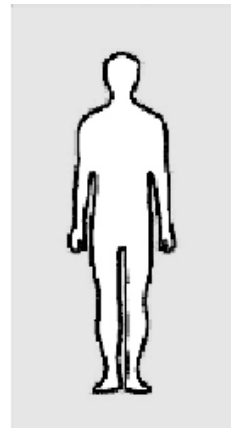↑ = Rebalancing Up Needed   ↓ = Rebalancing Down Needed

2nd Layer	3rd Layer	4th Layer	5th Layer	6th Layer	7th Layer

☐   ☐   ☐   ☐   ☐   ☐

Notes: _____

_____