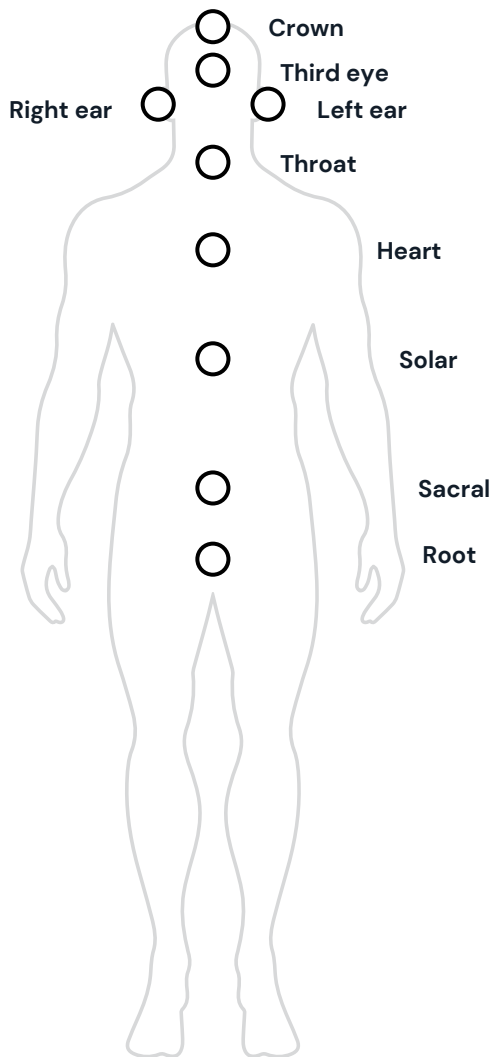


# Healing Report



Client Name :

Date :

( e.g. blocked, oversized, notes )

Crown :

Third eye :

Left ear :

Right ear :

Throat :

Heart :

Solar :

Sacral :

Root :

## Empath

- ☐ Visual
- ☐ Auditory
- ☐ Kinesthetic

## Auric Field

- ☐ Oversized
- ☐ Undersized
- ☐ Balanced

## Sources of stress

- ☐ Life Events
- ☐ Environmental
- ☐ Gestational
- ☐ Generational

## Situation

- ☐ Abundance
- ☐ Relationship
- ☐ Health
- ☐ Purpose
- ☐ Life changes
- ☐ Emotions
- ☐ Mind
- ☐ Unknown

## Healer

Visual

Auditory

Kinesthetic

Thoughts / triggers

## Client

Visual

Auditory

Kinesthetic

Thoughts / triggers



# Healing Report



## Empath

- ☐ Visual
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Client Name : \_\_\_\_\_

Date : \_\_\_\_\_

( e.g. blocked, oversized, notes )

Crown : \_\_\_\_\_

Third eye : \_\_\_\_\_

Left ear : \_\_\_\_\_

Right ear : \_\_\_\_\_

Throat : \_\_\_\_\_

Heart : \_\_\_\_\_

Solar : \_\_\_\_\_

Sacral : \_\_\_\_\_

Root : \_\_\_\_\_

## Healer

Visual \_\_\_\_\_

Auditory \_\_\_\_\_

Kinesthetic \_\_\_\_\_

Thoughts / triggers \_\_\_\_\_

## Client

Visual \_\_\_\_\_

Auditory \_\_\_\_\_

Kinesthetic \_\_\_\_\_

Thoughts / triggers \_\_\_\_\_

## Notes

# HealingREPORT

## GEO LOVE HEALING

Heal Yourself. Heal Others. Heal The World.

Client Name :

Date :

( e.g. blocked, oversized, notes )

Crown :

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Left ear :

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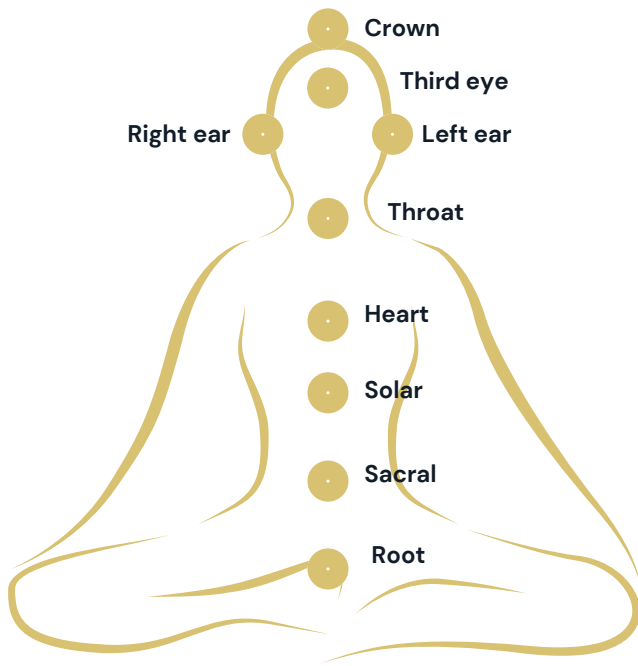
Throat :

Heart :

Solar :

Sacral :

Root :



### Healer

Visual

Auditory

Kinesthetic

Thoughts / triggers

### Client

Visual

Auditory

Kinesthetic

Thoughts / triggers

Empath

Auric Field

Sources of stress

Situation

- |                                      |                                     |  |                                       |                                       |
|--------------------------------------|-------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Visual      | <input type="checkbox"/> Oversized  | <input type="checkbox"/> Life Events   | <input type="checkbox"/> Abundance    | <input type="checkbox"/> Life Changes |
| <input type="checkbox"/> Auditory    | <input type="checkbox"/> Undersized | <input type="checkbox"/> Environmental | <input type="checkbox"/> Relationship | <input type="checkbox"/> Emotions     |
| <input type="checkbox"/> Kinesthetic | <input type="checkbox"/> Balanced   | <input type="checkbox"/> Gestational   | <input type="checkbox"/> Health       | <input type="checkbox"/> Mind         |
|                                      |                                     | <input type="checkbox"/> Generational  | <input type="checkbox"/> Purpose      | <input type="checkbox"/> Unknown      |

