

Healing Centre Name:	
	Date of Session:

	Client's First Name	Healer's First Name	Initial of Client Last Name*	Couch'C' or Chair'S' Healing	Donation. Please tick
1.					
2.					
3.					
4.					
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23.					
24.					
25.					

*only necessary when a duplicate first name is listed

Please DO NOT COPY, please DO NOT KEEP ~ PLEASE SEND TO THE OFFICE, thank you.