THE HEALING TRUST

HEALING CENTRE SESSION REGISTER

(CONFIDENTIAL)

Healing Centre Name:	

Date of Session:	

Client First Name PLEASE PRINT IN BLOCK CAPITALS	Healer's First Name PLEASE PRINT IN BLOCK CAPITALS	Client Initial LAST NAME*	Couch (C) or Chair (S) (HEALING TYPE)

*Only necessary when duplicate first name listed

Please DO NOT COPY, please DO NOT KEEP. Please SEND TO THE OFFICE, Thank you.

CONFIDENTIAL