

Instructions for TT Treatment Documentation

1. Documentation of each TT Treatment is a valuable part of your continuous Therapeutic Touch (TT) learning process*.
2. The TT C.A.R.E. Notes® are used as a template for your TT documentation and are available on the TTIA website www.therapeutic-touch.org
3. Typed or printed documentation is required for Qualified Therapeutic Touch Practitioner (QTTP) Applications**,***.
C - Include information as requested under the Centering heading.
A - Include information as requested under the Assessment heading.
R - Include information as requested under Rebalancing & Reassessment heading.
E - Include information as requested under Ending & Evaluation heading.
4. Your **TT Personal Cue Symbol Reference Chart** is used to record your personal cue symbols to represent the cues you pick up in the energy field.
 - There are cue symbol examples on the chart you can use.
 - The blank areas are for you to create your Personal Cue Symbols for other cues you pick up.
 - Use black or colored lettering (limit to 3 dark colors such as red/purple/blue) for Personal Cue Symbols.
 - There are words at the bottom of your **Personal Cue Symbol Reference Chart** that may help you describe your cues, however feel free to add your own words.
 - Please provide your **Personal Cue Symbol Reference Chart** when you are submitting your C.A.R.E. Notes® to your mentor/teacher for documentation review and with your application for QTTP.
5. The **Human Outline Figure** will be used to document the cues you picked up and where you picked them up with each TT treatment.
 - You will record your Personal Cue Symbols from your initial assessment and again after your treatment.

*You may choose one of the following words when referring to the person who receives TT: client, patient, recipient, healee, or healing partner.

**Page 4 is a worksheet with bullet words or short phrases to remind you of the questions on page 3. You may answer two or more questions in one sentence.

***If desired, page 4 and 5 can be printed double-sided for practitioners to work with in their practice and for review with their mentors.

Name _____

**TT C.A.R.E. Notes® Documentation Form
for Therapeutic Touch Treatment (TT) Documentation**

Therapeutic Touch Personal Cue Symbol Reference Chart
Use black or colored lettering (limit to 3 dark colors such as red/purple/blue)

CC	= Cool	(“	=
WW	= Warm	dd	=
HH	= Hot	AA	=
Brr	= Cold	ff	=
LC	= Hollow coldness	lh	= Intuitive hunch
##	= Congestion	^^	= Dysrhythmic pulsing
~~	= Magnetic pulling/drawing	OO	= Bursting little bubbles
++	= Fullness	\\	= Pins & needles
**	= Tingling	SS	= Static or little electric shocks
=		=	
=		=	
=		=	
=		=	
=		=	
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Example of cues: Feels like...heavy/empty/stickiness/flowing/dampness/smooth/ache/pulling-in/pushing-out/tingling/dense/bulge or hole/cool/warm/hot/cold/wavy/prickly/cramps. Smells like.../tastes like.../sounds like...color of....and more.....

TT C.A.R.E. Notes® Documentation Form



Date/Session #: ____/____/____ # ____

Practitioner Initials: _____

Client Initials: _____

Therapeutic Touch (TT) Treatment Documentation

Centering:

Explain your process for centering and/or any changes/alterations in this process.

How do you know you are centered?

Did you get "off center" during this TT treatment? If yes, how did this affect you and how did you get back on center.

What is your overall intention for this TT session with this client?

Assessment:

Assess environment and describe (health care setting/home/TT group practice session, etc.).

Assess demographics (age/gender/occupation/relevant history/ present complaint of the client).

If appropriate: Vital Signs before TT (BP/P/R/Temp) and Pain &/or Anxiety Scale (Scale: 0 = none.....10 = severe)

Describe your initial assessment of the client's energy field (cues).

Use the human outlined figure to describe your assessment by using symbols for your cues & describe what each means.

Rebalancing & Reassessment:

Describe your TT intervention plan which is supported by your assessment.

What TT techniques did you use (Clearing/color/modulation/cold/heat/grounding, etc.?)

What did you do with your hands and why?

Describe your reassessments during your TT intervention.

Describe how the reassessments during rebalancing guided your intervention.

End & Evaluation:

Describe the energy field at the end of your TT treatment.

How did you end this TT session?

How did you know it was time to stop?

How long was this TT session?

How did you leave the client after the session? (lying down, sitting, standing)

How long was the rest period?

Was there communication after the TT treatment? If so, please share.

If appropriate: Assess Vital Signs & Pain/Anxiety level after TT treatment/rest period.

Share any other impressions or personal insights from this TT treatment that you may have.

Date/Session #: ___/___/___ # ___ Practitioner Initials: _____ Client Initials: _____

C: Centering

Process

How do you know

Off center addressed how

Intention

A: Assessment

Environment

Demographics

Vitals, pain, anxiety

Initial Cues (Use Human outline)

R: Rebalancing and Reassessment

Plan

Techniques

Hand move/why?

Rebalancing

How did reassessment guide interventions

E: End and Evaluation

Assessment at End

How ended

Time to end

How long

Position of client

Time Rest

Communication

Vitals, pain, anxiety

Impressions

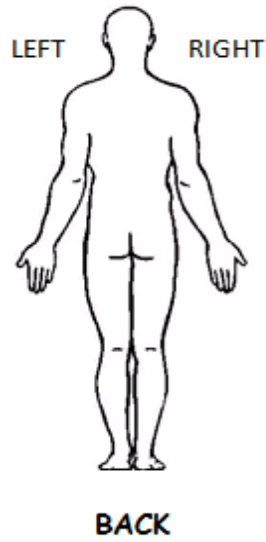
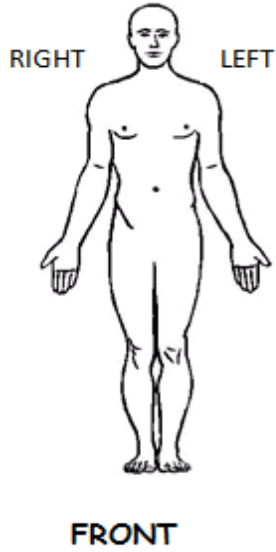
Personal insights

Date/Session #: ____/____/____#____

Practitioner Initials: _____

Client Initials: _____

Assessment at beginning of treatment:



Reassessment at end of treatment:

