

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.*

**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

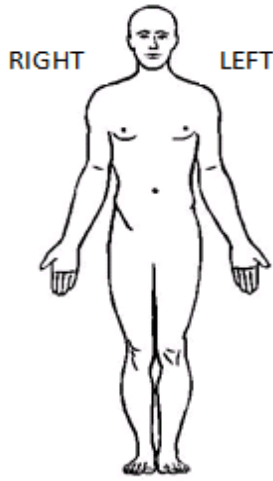
Practitioner

Initials: \_\_\_\_\_

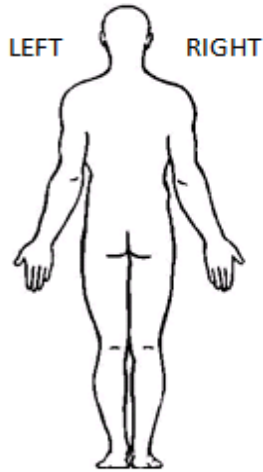
Client

Initials: \_\_\_\_\_

Assessment at beginning of treatment:



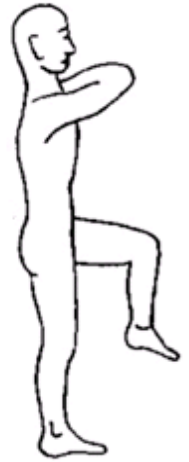
FRONT



BACK

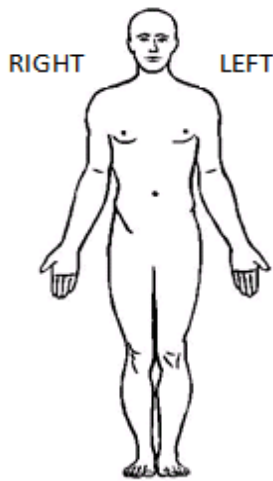


LEFT

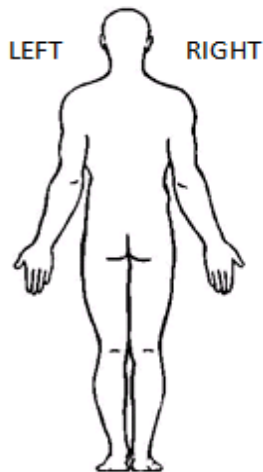


RIGHT

Reassessment at end of treatment:



FRONT



BACK



LEFT



RIGHT