



Therapeutic Touch International Association &
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TT C.A.R.E.R. NOTES[®]

LONGTITUDINAL CASE STUDY & Human Energy Cue Form

(may be copied and saved as a separate document)

Practitioner: _____ Date: _____

Patient/Client Initials: _____ Age: _____ Male: _____ Female: _____

Consent given by [] patient/client, [] family, [] parent Number of sessions: _____

Frequency (daily, weekly, etc.) _____ Average Duration of sessions _____

Referral Source (as applicable) _____

This is a narrative observation of the changes in a person's energy field over a one month minimum treatment period. In addition to the narrative, please also submit three Single Case Study Table & Human Energy Field Cue Forms - your first session, one from the middle, and your last session with this Hp.

1. DESCRIBE PATIENT/CLIENT'S NEED FOR HELP OR HEALING, including related health care/medical history and any additional therapies, as appropriate.

2. PSYCHOSOCIAL HISTORY: Describe, as appropriate, information that supports your developing relationship with patient/client, for example - family and living situation, support systems, work, educational and vocational status, any mental health or addiction issues.

3. APPROACH: Describe how you approached the patient/client and initiated a healing relationship with the client through sustained centering and intention

4. **ASSESSMENT:** Give a description of the patient/client's dynamic energy field. Include sensory cues, any perceived differences, and your interpretation of energetic cues as to whether they represented congestion, deficit, diminished flow, etc. Also include intuitive impressions and overall sense of the field.

5. **PLAN:** Outline initial and subsequent plans to rebalance patient/client, reasons for changing plans over time.

6. **DESCRIPTION OF INTERACTION:** Describe the actual TT process along with pertinent information about your interactions with the patient/client's dynamic energy field. Include changes in your approach or any imagery/visualizations based on reassessments to facilitate re-patterning and wholeness.

7. **EVALUATION/REASSESSMENT:** Describe ways the dynamic energy field changed by the completion of each session and how the final assessments informed subsequent TT sessions. How did you know when each session was complete?

8. **RESPONSE/FEEDBACK:** Objective data (i.e. monitor change, vital sign changes, relaxation response, etc.) as available, and subjective data as able, (i.e. patient/client comments about the TT experience, family/caregivers, and staff comments). Include ease or difficulty in maintaining centeredness for the practitioner.

9. **REFLECTIONS/RECALL:** Describe your personal insights and/or what impact the healing relationship with this patient/client had on you as a Therapeutic Touch Practitioner and your relationship with your inner self. What new knowledge of TT or yourself will you apply to future healing relationships?

10. **REFERRALS:** Did you use any other therapies with this person? Did you make referrals to other health professionals?

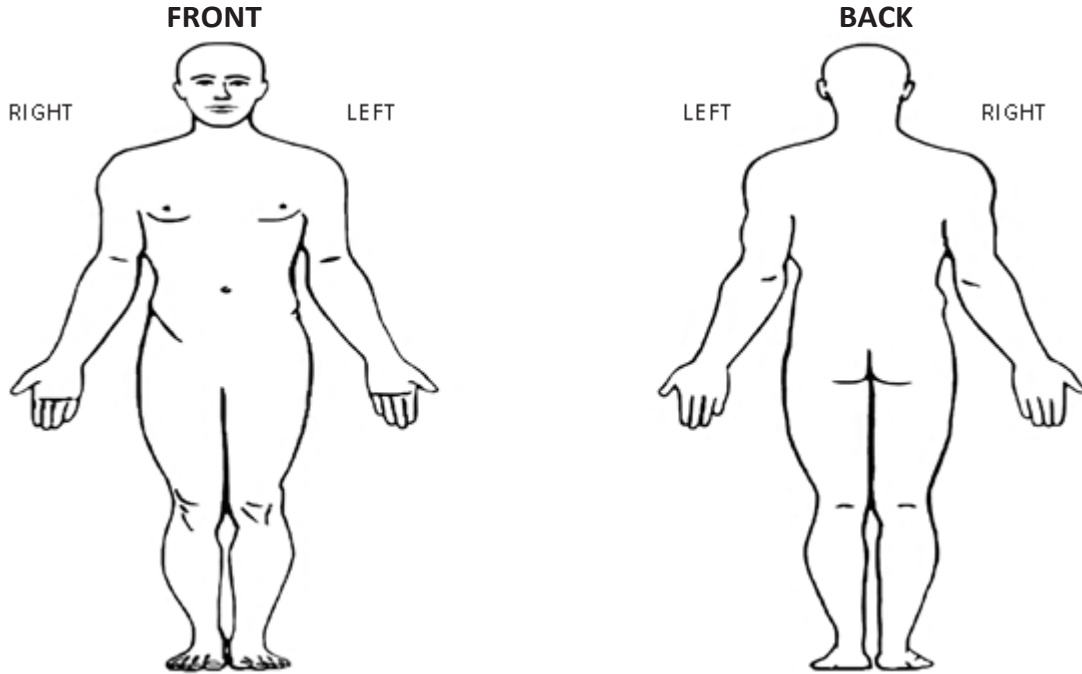
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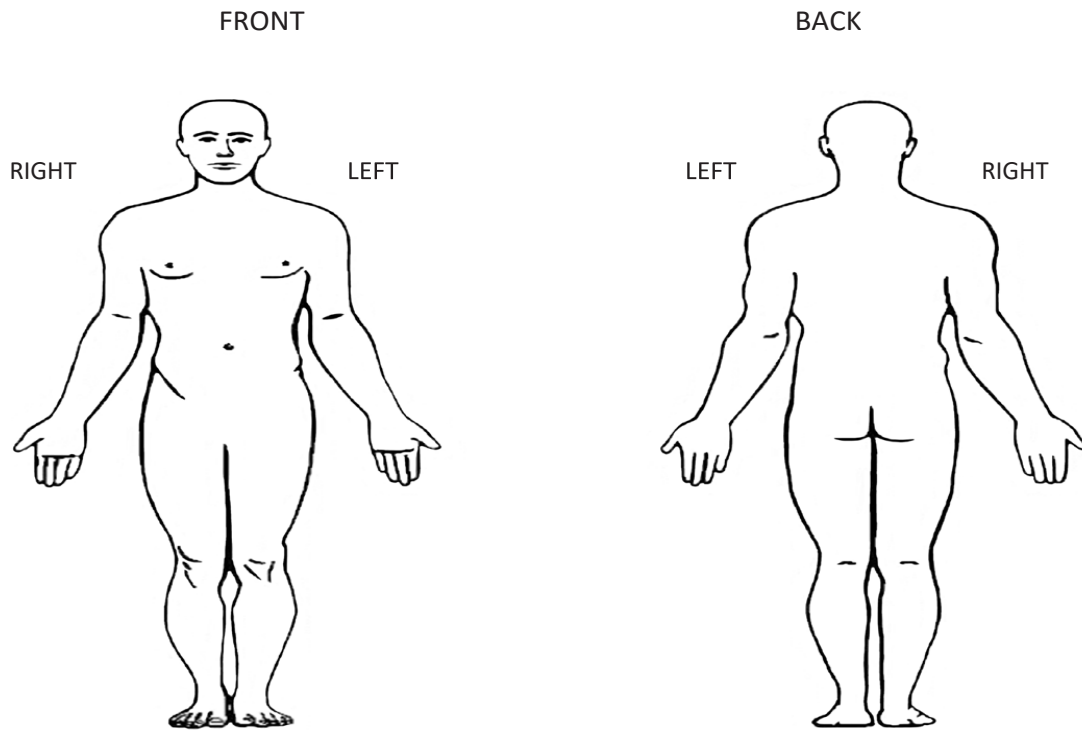
HUMAN ENERGY FIELD – CUE FORM

Date: ___/___/___ Practitioner Initials: _____ Hp Initials: _____ Session #: ___ Location _____

Draw cues you perceived in the energy field during your initial TT assessment



Draw cues you perceived in the energy field during your final reassessment



Additional Documentation:

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