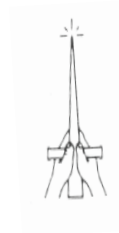
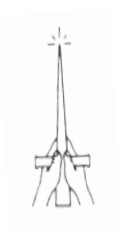


NAME: _____

SUGGESTIONS:



*Blending Technique
of Energy Healing*



DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

REFERRED BY: _____

BIRTH DATE: _____ **SEX:** _____

PROFESSION/EMPLOYMENT: _____

HEALTH CHALLENGES: _____

GOALS: _____

COMMENTS:

NAME: _____ DATE: _____

ETHERIC: _____

EXTRAS: _____

BACK:	Ovaries/Fallopian
Legs	Testes/Penis
Shorter R-L	Prostate
Ankles	ST & HIV
Arms	Fungus/Parasites
Rectum	Emotional Traumas
Spine	Bowel
Adrenals	Liver/Gall Bladder
Kidneys	Stomach
Lungs	Pancreas
Shoulders	Spleen
Head	Anemia
	Angina/Circulation
FRONT:	Heart
Feet	Thyroid
Knees	Esophagus
Legs	Hernia
Arms	Breasts
Uretha/bladder	Head
Vaginal Tract	Ears
Cervix/Uterus	Eyes
	Teeth

VITAMINS:

A

D

K2

E

B1

B2

B6

B12

B17

C

HERBS

Don Quai

Black Cohosh

Damiana

Wild Yam

Saw Palmetto

Siberian Ginseng

Korean Ginseng

MINERALS:

Zinc

Magnesium

Calcium

Manganese

Silica

Copper

Sulphur

Molybdenum

Selenium

Chromium

Vanadium

Phosphorus

Cobolt

Boron

Potassioum

Sodium

Chloride