

Client: _____ **Post-Op #1** ____ **Date** _____ **Time** _____ **Duration** _____

Client Remarks: _____

Reports /Assessment of overall condition: _____

Pre Tx Pain
0 1 2 3 4 5 6 7 8 9 10

Pre Tx Nausea
0 1 2 3 4 5 6 7 8 9 10

**** Techniques:** ___Magnetic Clearing ___ Pain Drain ___ Ultra sound ___ Laser ___ HIM ___ H Still

Post Tx Pain
0 1 2 3 4 5 6 7 8 9 10

Post Tx Nausea
0 1 2 3 4 5 6 7 8 9 10

Remarks: _____

Client: _____ **Post-Op #2** ____ **Date** _____ **Time** _____ **Duration** _____

Client Remarks: _____

Reports /Assessment of overall condition: _____

Pre Tx Pain
0 1 2 3 4 5 6 7 8 9 10

Pre Tx Nausea
0 1 2 3 4 5 6 7 8 9 10

**** Techniques:** ___Magnetic Clearing ___ Pain Drain ___ Ultra sound ___ Laser ___ HIM ___ H Still ___ Chakra Spread

Post Tx Pain
0 1 2 3 4 5 6 7 8 9 10

Post Tx Nausea
0 1 2 3 4 5 6 7 8 9 10

Remarks: _____

Client: _____ **Post-Op #3** ____ **Date** _____ **Time** _____ **Duration** _____

Client Remarks: _____

Reports /Assessment of overall condition: _____

Pre Tx Pain
0 1 2 3 4 5 6 7 8 9 10

Pre Tx Nausea
0 1 2 3 4 5 6 7 8 9 10

*** Techniques:** ___Magnetic Clearing ___ Pain Drain ___ Ultra sound ___ Laser ___ HIM ___ H Still
___ Chakra Spread ___ Chakra Connection ___ Full Body Connection

Post Tx Pain
0 1 2 3 4 5 6 7 8 9 10

Post Tx Nausea
0 1 2 3 4 5 6 7 8 9 10

Remarks: _____

Based on Universal Pain scale: 0= comfortable, 10= very uncomfortable