

Simplified Intake Form for Military Events Location: _____ Date: _____

I hereby give permission to Healing Touch Program/Healing Touch Professional Assoc. and/or Healing Touch Worldwide Foundation to publish or print my photo for public relations purposes, with no remuneration or other consideration, should one be taken while I am at the HT Event/Project or while receiving Healing Touch there.

Print Name _____

Signature _____ Date _____

Participant Initials: _____

H T Practitioner Initials: _____

What symptom is most distressing to you today? (pain, anxiety, emotional distress, coping, something else?)

Please rate your level of discomfort with this symptom *before* Healing Touch:

No discomfort 1 2 3 4 5 High Discomfort

Please rate your level of discomfort with this symptom *after* Healing Touch:

No discomfort 1 2 3 4 5 High Discomfort

Would you receive Healing Touch again? YES NO **Would you tell others to try Healing Touch?** YES NO

NOTES: