

# Master Choa Kok Sui Pranic Healing®

## Evaluation

### Filled out through Pranic Healer:

Client:    . <input type="radio"/> m <input type="radio"/> f   date birth: _____ Pranic Healer: _____
Medical Diagnose: _____
Nr. of Treatments: _____ date from / till: _____
Treatment: <input type="radio"/> finished <input type="radio"/> interim finished <input type="radio"/> broke of through:
Notes: _____ _____
Place: _____ Date: _____ 'Sign: _____

## Complaints and Success of Treatment

### Filled out through Client:

I had the following complaints before Pranic Healing Treatment:	This complaints are through Pranic Healing:				
	disappeared	deeply improved	improved	little improved	not improved

In the same time I took beside Pranic Healing also other Therapies:

no     yes; which? : \_\_\_\_\_

The Disease became through Pranic Healing®:

healed	nearly healed	partially healed	a little healed	not healed	don't know

Please let us know, if through the Pranic Healing Treatments changes has happened in your life, your physical condition or your general condition:

In general I am with the Pranic Healing Treatment:

very satisfied	more likely satisfied	satisfied	less satisfied	not satisfied	don't know

In case of need I would again ask for help through Pranic Healing®:

yes	no

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Thank you!