

Quantum Healing Hypnosis TechniqueSM

Session Notes

Practitioner's Full Name:

Client's First Name:

Client's Year of Birth:

Session Date:

Length of Session:

Reason for Visit:

Brief Session Outcome:

Please list session date in MM/DD/YY format. Length of session should include post and pre-interview time. Please only list your client's first name. It is required all sessions be audio recorded and this recording is to be given to the client. You will start the recording after they come off the cloud.