

TOUCH FOR HEALTH SESSION RECORD FORM

	Meridian	Muscle Test	L	R	O/E	Page	
	Central	Supra Spinatus				98	
	Governing	Teres Major				104	
EARTH	Stomach	Pec. Clav.				110	
		Levator Scap.				112	
		Yang	Neck Muscles				114
	Spleen	Brachioradialis					116
		Lat. Dorsi					122
		Yin	Trapezius				124
FIRE	Heart Yin	O. P. L.				126	
		Triceps.				128	
		Subscapularis				134	
	Sm. Intestine Yang	Quadriceps				140	
		Abdominals				142	
		Bladder Yang	Peroneus				150
WATER	Kidney Yin	Sacrospinalis				152	
		Tibials				154	
		Psoas				160	
	Triple Warmer Yang	Upper Trapezius				162	
		Illiacus				164	
		Circ. - Sex Yin	Gluteus Medius				170
FIRE	Triple Warmer Yang	Adductors				172	
		Piriformis				174	
		Gluteus Maximus				176	
	Liver Yin	Teres Minor				182	
		Satorius				184	
		Gracilis				186	
WOOD	Lung Yin	Soleus				188	
		Gastrocnemius				190	
		Anterior Deltoid				196	
	Lg. Intestine Yang	Popliteus				198	
		P. M. S.				204	
		Rhomboids				106	
METAL	Lung Yin	Anterior Ser.				212	
		Coracobrachialis				214	
		Deltoids				216	
	Lg. Intestine Yang	Diaphragm				218	
		Fasciae Lata				224	
		Hamstrings				226	
	Quad Lumborum				228		

Name _____ Male / Female Birth Date _____

PLEASE COMPLETE THIS FORM AND CIRCLE THE APPROPRIATE RESPONSE WITH A BLACK PEN OR DARK PENCIL:

Education: Y / N Permission To Test: Y / N Hydrated: Y / N Switched: Y / N

Primary Issue Or Symptom _____

Subjective Assessment Before 0 1 2 3 4 5 6 7 8 9 10
 After 0 1 2 3 4 5 6 7 8 9 +

Positive Goal Statement _____

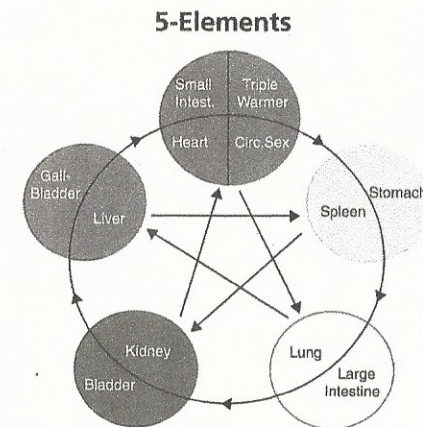
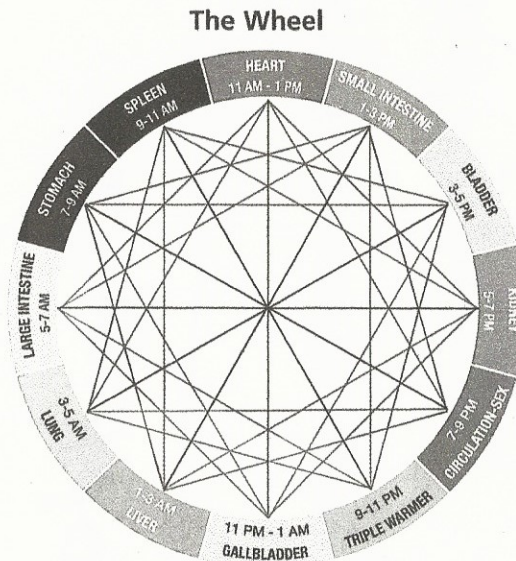
Subjective Assessment Before 0 1 2 3 4 5 6 7 8 9 10
 After 0 1 2 3 4 5 6 7 8 9 +

Attractor Value Before _____ / 1000 After _____ / 1000

Muscles Tested 14 28 42

Type Of Balance Wheel Color ESR Fix As You Go 5 Element Sound Other

5 Element Emotion Joy / Love / Hate Empathy / Sympathy Grief / Guild / Regret
 Fear / Anxiety Anger / Resentment



All Muscles Switched On At End: Y / N

Permission To Use For Research: Y / N

SESSION DATE _____

SIGNATURE _____