

Simplified Intake Form for Military Events

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ 

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:

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