

Client Name _____ Date: _____

Start Time: _____ End Time: _____

Beginning Energy Level _____ Ending Energy Level _____

Concerns: _____

1. Initial Checks and Corrections ✓=ok ○=off

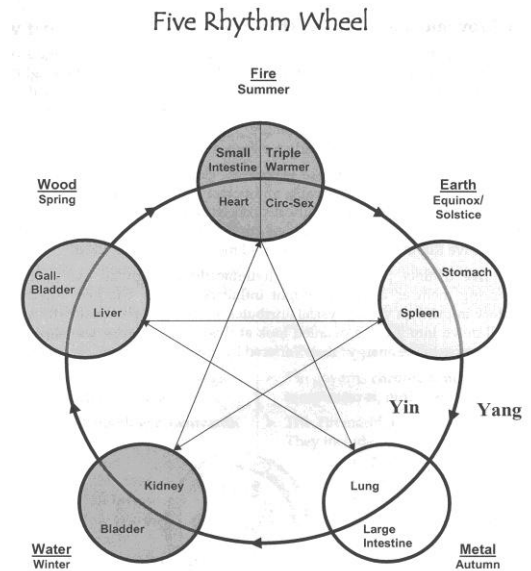
<input type="checkbox"/> General Indicator Qualified (Hydration)	<input type="checkbox"/> Thymus (Notch)	<input type="checkbox"/> Valves (Notch)
<input type="checkbox"/> Polarity (Palm)	<input type="checkbox"/> Spleen (Notch or muscle test)	<input type="checkbox"/> Diaphragm (Notch)
<input type="checkbox"/> K27 (forward/back)	<input type="checkbox"/> Wayne Cook (eyes R/L)	<input type="checkbox"/> Heaven & Earth (Joints)
<input type="checkbox"/> Homolateral (X II)	<input type="checkbox"/> Hook-Up (smash nose)	<input type="checkbox"/> Grounding (Slap feet)
<input type="checkbox"/> Crown (Notch)	<input type="checkbox"/> Zip-Up (look down)	<input type="checkbox"/> Tibetan Rings (Slash diags)
<input type="checkbox"/> Stomach Thump (Notch)	<input type="checkbox"/> Celtic Weave (Aura out/in/wrist)	<input type="checkbox"/> Vivaxin (Direction)

2. Alarm Point Irregular Energies – neutral and South = Strong, North = Not Strong ✓=ok ○=off

Meridian	Right	Left	Source	Meridian	Right	Left	Source	Meridian	Right	Left	Source
TW Temples	<input type="checkbox"/>	<input type="checkbox"/>		Heart	<input type="checkbox"/>	<input type="checkbox"/>		Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TW Throat	<input type="checkbox"/>			Stomach	<input type="checkbox"/>	<input type="checkbox"/>		L Intestine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governing	<input type="checkbox"/>	<input type="checkbox"/>		Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TW Belly	<input type="checkbox"/>		<input type="checkbox"/>
Central	<input type="checkbox"/>	<input type="checkbox"/>		G Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S Intestine	<input type="checkbox"/>		<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spleen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bladder	<input type="checkbox"/>		<input type="checkbox"/>
Circ/Sex Front	<input type="checkbox"/>							Circ/Sex Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Meridian Muscle Tests (Under Energy) ✓=ok ○=off

Meridian	Right	Left	Meridian	Right	Left
Governing	<input type="checkbox"/>	<input type="checkbox"/>	Spleen	<input type="checkbox"/>	<input type="checkbox"/>
Central	<input type="checkbox"/>	<input type="checkbox"/>	Triple Warmer	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	L Intestine	<input type="checkbox"/>	<input type="checkbox"/>
Circ/Sex	<input type="checkbox"/>	<input type="checkbox"/>	Kidney	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	S Intestine	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	Bladder	<input type="checkbox"/>	<input type="checkbox"/>
G Bladder	<input type="checkbox"/>	<input type="checkbox"/>	Stomach	<input type="checkbox"/>	<input type="checkbox"/>



4. Pulse Tests (Over Energy) ✓=ok ○=off

Meridian	On Left Hand	Light	Deep	Meridian	On Right Hand	Light	Deep
S Intestine	<input type="checkbox"/>			L Intestine	<input type="checkbox"/>		
G Bladder	<input type="checkbox"/>			Stomach	<input type="checkbox"/>		
Bladder	<input type="checkbox"/>			Triple Warmer	<input type="checkbox"/>		
Heart			<input type="checkbox"/>	Lung			<input type="checkbox"/>
Liver			<input type="checkbox"/>	Spleen			<input type="checkbox"/>
Kidneys			<input type="checkbox"/>	Circ/Sex			<input type="checkbox"/>

5. Radiant Circuits ✓=ok ○=off

Central/Gov (smash nose)	<input type="checkbox"/>	Belt Flow (cup waist)	<input type="checkbox"/>	Yin Regulator (Stretch neck)	<input type="checkbox"/>
Triple Warmer (cup ears)	<input type="checkbox"/>	Equator (cup waist in field)	<input type="checkbox"/>	Yang Regulator (Pinch Achilles)	<input type="checkbox"/>
Spleen (arm)	<input type="checkbox"/>	Penetrating Flow	<input type="checkbox"/>	Yin Bridge (Trace Heart)	<input type="checkbox"/>
Tie Flow (cup neck)	<input type="checkbox"/>	(inch worm / cheeks)	<input type="checkbox"/>	Yang Bridge (Z on back)	<input type="checkbox"/>

6. Finger Modes:

Connections (Correct with 3 deep breaths)

Index: Structural	Middle: Metabolic/Nutrition/Circulation	Ring: Emotional/Nervous Sys	Pinkie: Electrics	Thumb: Auric/Etheric
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7. Chakras Front and Back – ✓=ok O=off Test 2 taps, Clear and Charge for corrections

Chakra	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	Connections	Corrections
Root	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Sacral	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Solar Plexus	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Heart	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Throat	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
3 rd Eye	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Crown	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

<p>8. STAR Diagnostics</p>	<p>9. Advanced STAR Diagnostics</p>	<p>10. STARFISH Connections</p>
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11. Vortexes:

Location	Innie	Outie	Location	Innie	Outie	Location	Innie	Outie
Crown	<input type="checkbox"/>	<input type="checkbox"/>	TW NV	<input type="checkbox"/>	<input type="checkbox"/>	Knees	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Eye	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	K1	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Xyphoid	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Solar Plexus	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Power Point	<input type="checkbox"/>	<input type="checkbox"/>	Root Chakra	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

12. Hormones:

Adrenals	<input type="checkbox"/>	K27	<input type="checkbox"/>	Heart NL	<input type="checkbox"/>	TW NV	<input type="checkbox"/>	Pineal	<input type="checkbox"/>
Cortisol	<input type="checkbox"/>	TW NV	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	TW NV	<input type="checkbox"/>		<input type="checkbox"/>

13. Special Sessions:

- Black Pearl
- Brazilian Toe
- Revitalizing Electrics
- Deep Electrics
- Radiant Circuits
- Taking Down the Flame
- Yin / Yang Balancer
- Guided Imagery
- Figure 8s
- Eyes
- NeuroVasculars
- NeuroLymphatics
- Chakra Balancer
- Seed Points
- Source Points
- TW Relaxer
- K1 Wave
- K Sedation
- Aura Work
- Vivaxin
- Hormones
- Assemblage Point
- Vortex Revival
- Penetrating Flow
- Lv Protocol
- Sp Protocol
- K Protocol
- Color Work _____
- Other _____

Notes:

Homework:

Follow Up: _____