

Journal for Education in The Note from Heaven.

Date: _____ Name (Therapist): _____

Name (Client): _____ Date of Birth: _____

Diagnosis/duration of illness: _____

Wish: _____

Basic feeling: _____

Tensions: _____

Codewords: _____

Intuitive inputs: _____

Course of the treatment: _____

Special problems: _____

The Singers condition after the treatment: _____

Reaction when repeating the Codewords after treatment: _____

Clients condition after one week: _____

The Therapists feeling after the session: _____

Treatment nr: _____ Date: _____ Signature: _____

