

VANCOUVER NATUROPATHIC CLINIC

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Energy Enhancement System

Patient Evaluation

Name: _____ Date: _____

After your first session in the Energy Enhancement System, please take a few moments to describe your experience.

1. What physical sensations, if any, did you experience during the session? _____

2. Did you experience any change in symptoms you were experiencing? Yes No
Please explain: _____

3. Did you fall asleep during the session? Yes No
If you did fall asleep, please describe the quality of the sleep: _____

4. What kinds of mood/emotional changes, if any, occurred during your session? _____

5. Please describe any spiritual experiences, if any, that occurred during your session: _____

6. How would you rate your experience in the EES, overall?
 Excellent Very good Good Adequate Poor

7. Are you planning to have future sessions in the EES? Yes No
Please explain: _____

8. Additional comments: _____
