

Zen Space Wellness

8321 Sangre De Cristo Rd., Ste 302, Littleton CO 80127

Tel: (720) 527-2711

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: _____
