Energy Balancing Evaluation Sheet

Client Name:_____ Date:_____/____/_____Complaints:_____

* How *many* areas do we need to clear? * The *First* thing we need to Do is:.. + Do I need to take a Blood Sample to test with?
* *How many* procedures in this area to fix this *First* item? *What* do I need to apply?.. *How many* ? *Where*?.. Internal/External ?

♦ 5 Senses ♦ Allergy ♦ Amino Acids ♦Acid/ Alkaline PH Balance ♦ Bile ♦ Blood ♦ Chemicals ♦ Circulation ♦ Colon ♦ ♦ Color Deficiency/Allergy ♦Congestion ♦ Congenital ♦ Cranial ♦ Dental ♦ Disease ♦ Edema ♦ Electrical ♦ EMF Damage ♦ ♦Emotions ♦ Enzymes ♦ Free Radicals♦ Fungus/Yeast/Mold/Candida♦Geopathic Zone Damage♦ Genetic Eng. Foods♦ ♦Glands(H) ♦ Miasms :Genetic pre-Disposition ♦ Heavy Metals ♦ Hormonal (Hormone Inhibitors/ Resistance)Insulin Resistance♦ ♦ Light♦ Infections: Bacteria / Virus / Staph Strep | Herpes,Chlamydia ♦ Immune ♦ Inflammation ♦ Immunization damage♦ ♦Injury ♦ Lymph ♦ Medications/ Drugs ♦ Memory/Thought Proc. ♦ Mucus ♦Muscle Tone ♦ Nerves ♦ Nitrates♦ Nutrition♦ ♦ Organs(H) ♦ Oxygen Depriv'n ♦ Parasites/Worms/Spirochetes/Amoebas ♦ Pesticides/ Herbicides ♦ Pollen ♦REM Sleep ♦ ♦ Skin/Hair/Nails ♦ Structural ♦ Spiritual ♦ Stress ♦ Systems ♦ Thyroid: Hypo/Hyper ♦ Uric or Lactic Acid ♦ Vitality Low

♦ Spleen / Pancreas ♦ Lg. Intestine / Sm. Intestine / Colon / Bowel ♦ Gall Bladder ♦ Liver ♦ Lymph & Detox / Congestive Toxicity ♦
♦ Bladder / Kidney ♦ Endocrine: Adrenals ♦ Pineal ♦(para) Thyroid ♦ Pituitary (anterior) ♦ Hypo-thalamus ♦ Thyroid ♦ Thymus♦
♦ Heart/Heart Valves ♦ Lung/ Lining/ Bronchial ♦ Brain/ Frontal Lobe / Brain Stem ♦ Joints, Muscles, Ligaments, Cartilage, Tendons ♦
♦ Bones ♦ Bone Marrow ♦ Blood ♦ Blood Pressure ♦ Cholesterol ♦ Triglycerides ♦ Stomach / Duodenum ♦ Head Aches / Gallbladder ♦
♦ Arteries / Veins / Valves ♦ Electrical System ♦ Inflammation ♦ Sinuses ♦ Vocal Cords ♦ Tonsils ♦ Ears & Hearing ♦ Eyes & Sight ♦
♦ Spine & Spinal Column ♦ Myelin Sheath / Nerves / Nervous System ♦ Hormone/Chemicals ♦ Melatonin Levels ♦ Belly Button ♦ Fat ♦
♦ Systemic: Neurotoxin, Radiation, ♦ Metabolism: Fat, Sugar/Insulin/Glucagon/Somastatin ♦ Neurotransmitters ♦ Illiocecal Valve
♦ Teeth / Gums/ Roots / Nerves / Parotid /Parotid Hormone ♦ TMJ ♦ Brain to Hand, Eye, Feet, Ear~Coordination ♦ Immune System ♦
♦ Hernia ♦ Sex & Growth Hormones ♦ Ovaries, Uterus, Cervix, Breasts, Vagina, Endometriosis ♦ Prostate & Testicles, ♦ Synergy ♦

Dehydration --Water Amt. Electrolyte Bal.	Meridians Auras Chakras	Polarity: Viscal Polarity ? Electrical : Water, minerals E-poise, B6 Vitality	Essential Oil Procedures: Oil needed # Drops? Underarm Therapy? Apply : Hold / Procuss / Eat / Use Heat? / Aroma Spray Which Hand? Clockwise / Counter CW / UP / Down

Check List :

Prayer: Removal of Evil Protection from Evil Insight Direction Forgiveness Healing Thankful..

Essential Oils? Ess. Fatty Acids? Carrier Oils? Condiments, Conditioners Enzymes? Omega 3-6

Herbs: Chinese Herbs? Herbal Tinctures? Herbal Teas, Infusions, Compresses, Salves

Vials: Desensitize| Clear |Energique |A,L&Health

AOX: Antitox DMSO Detoxasodes Neg Ion

Amino Acids Willard's Water Water OZ Acid /Alk. Bal. | Vinegar | Mineral Supplement

Homeopathic : Heel | Natural Health | Pleo Tissue Salts | Pascoe | Create Remedy | Dolisos Litho | Gemmo | Phyto | Nosodes | Organopathy

NET | Rev. NET | EFT | B6 int/ext | Ear?

Bach Flower | Color Light Ther. | Fir Lamp Color Remedies: | Apex or other Floral Essences

Nutrition Sup. | Diet | Omega 3,6 | Organ Supp. Excersize| Fasting| Nutrition | Colostrum | H G H

Clays:Int./ Ext. | Green White Benton. IntraSound

Detox: Massage Retrograde Colon Cleanse/ Enema Bath: Chae Rinse | Dead Sea Salt | Essential Oils | Peroxide Soda | Epsom Salts | MSM | Algae/ Kelp | *Castor Oil ?* Act. Char. | Polarize | Mag.Ther. | Oxygen | Clay | Other

Rife Freq. Laser: V. Ray Gun: Radionics Total Greens/ Oxygen / Urine Ther./ Dry B Mas'g Scenar: Mag.Pulser: Galvanic Stimulator Sauna

Adjustment | EyeLights Ther. | Tap | Massage:

Also Check:

♦ Is there anything I need to do *before* I *fix*… Best Position to test in?

♦ Am I doing this correctly? ♦ Am I missing anything? Best time to fix it?

♦ Are there Organs or Gland HORMONES that need to be balanced? How?

♦ Are there Genetic Predisposition's I need to work with? (Miasms)

♦ Are there Vaccinations and significant illness or trauma to deal with?

♦ Are there Parasite/Worms that need to be cleared first? ♦ Emotions: Tap?

♦ Key things I need but am resistant to? ♦ Key Minerals, EFA,Vitamins, Hormones

♦ What do I need to do/take/apply to remove this resistance? Essent. Oils?

♦ Qty. / Order / What is needed// Internal\External // Where// How much ?

Trace Min's/ Mineral*: Antimony Aluminum Ammonia Arsenic Barium Beryllium Bismuth Boron Bromide Cadmium Calcium Chromium Cobalt Copper Chlorine Fluoride Germanium Gold Iodine Iron Lead Lithium Magnesium Manganese Mercury Molybdenum Nickel Nitrogen Oxygen Phosphorus Platinum Plutonium Potassium Selenium Silicon Silver Sodium Strontium Sulfur Tin Titanium Tungsten Uranium Vanadium Zinc, or Derivative of Heavy Metal /*Allergy to Min's?*

Sequential Therapy: 10M / 50M / 100 M

1) Autumn - Psorinum	3) Spring - Medorrhinum
2) Winter - Tuberculinum	4.) Summer - Luesinum

Detox: Blood Colon Emotions Kidneys Gallbladder Liver Respiratory Skin Spleen Glands Hormones/Chemicals

Meridian Therapy:Laser: Run, Pulse,Charge, Acup.,Tap| Block?

Bladder / Urinary , Central , Gall Bladder , Governing Vessels / Conceptor Vessel , Heart , Lg. Intestine / Colon , Kidney , Liver , Pericardium / Circulation / Sex , Sm. Intestine / Colon / Spleen / Stomach / Triple Burner

Lord, Make me a Channel, an Instrument of Your Healing Today ! ©Jennifer Ruby

Clearing Emotions, Organs, Glands, Systems or Allergies- Worksheet

Patient / Client Name_____❖B. Date:___/___/___❖Basal Temp. :_____L / H ❖ Blood Pressure:___/___
Begin by muscle testing *How Many* Organs, Glands, Systems, Including Nerves, Fat and Cellulite, Brain, Bones, Lymph, etc. need or are Ready to be cleared ~This Go Round. ❖Today's Quota:_____ # 1,2,3 by Priority ❖ Ck: Sleep Disorders? Y / N ❖ Vital Energy ____
How many procedures past clearing emotions are needed to clear each one? How many parts to each procedure? Check against the List of Organs, Glands & System Chart, noting priority in shaded box. Muscle test the first Organ / Gland's Emotion, and what other procedures are additionally involved. Work from top priority to bottom priority. You may find you have more Items, or Procedures or Parts…Add +/- accordingly. This can be a combination of Allergies, Infections, Killing off something, Giving a Nutritional Supplement to feed and support, Homeopathic Remedy, Cell Salts, Flower Remedy, Therapy Treatment, Rife Frequency or Essential Oils, Detox, etc.

1st Item to be cleared_:_____	**2nd Item** to be cleared_:_____
How many emotions on this item:_____Emotions:_____	How many emotions on this item:_____Emotions:_____
How many procedures past clearing emotions do I need to do?	How many procedures past clearing emotions do I need to do?
# Frequencies needed to clear **1st** Emotion_____	# Frequencies needed to clear **1st** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
# Frequencies needed to clear **2nd** Emotion_____	# Frequencies needed to clear **2nd** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
# Frequencies needed to clear **3rd** Emotion_____	# Frequencies needed to clear **3rd** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
Other Procedures to make organ 300%:	Other Procedures to make organ 300%:
3rd Item to be cleared_:_____	**4th Item** to be cleared_:_____
How many emotions on this item:_____Emotions:_____	How many emotions on this item:_____Emotions:_____
How many procedures past clearing emotions do I need to do?	How many procedures past clearing emotions do I need to do?
# Frequencies needed to clear **1st** Emotion_____	# Frequencies needed to clear **1st** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
# Frequencies needed to clear **2nd** Emotion_____	# Frequencies needed to clear **2nd** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
# Frequencies needed to clear **3rd** Emotion_____	# Frequencies needed to clear **3rd** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
Other Procedures to make organ 300%:	Other Procedures to make organ 300%:
5th Item to be cleared_:_____	**6th Item** to be cleared_:_____
How many emotions on this item:_____Emotions:_____	How many emotions on this item:_____Emotions:_____
How many procedures past clearing emotions do I need to do?	How many procedures past clearing emotions do I need to do?
# Frequencies needed to clear **1st** Emotion_____	# Frequencies needed to clear **1st** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
Frequencies needed to clear **2nd** Emotion_____	# Frequencies needed to clear **2nd** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
# Frequencies needed to clear **3rd** Emotion_____	# Frequencies needed to clear **3rd** Emotion_____
Wording:	**Wording:**
Did it completely clear?No? Keep tapping, repeat emotion clear'g	Did it completely clear?No? Keep tapping, repeat emotion clear'g
Other Procedures to make organ 300%:	Other Procedures to make organ 300%:

Today's Date:_____ Page _____of_____