THE THERAPEUTIC TOUCH NETWORK OF ONTARIO
SUPERVISED THERAPEUTIC TOUCH® SESSION: PRACTITIONER TEMPLATE

Case Study #_____

Please ensure that the supervisor's case study # is the same as the number you use here.

Client ID Code: _____   Age: □I □C □T □A □S   Date: yr/mo/day _____

Session: # □1 □2 □3 □4 □5 □6 Previous Session # _____ Next # _____ Location _____

Client shared information: _____

Introduction: □self/client □ comfort □explain TT □permission to touch □control □length □start/stop
       □rest □questions

My overall intention: _____

I **C**entered by _____

Treatment Notes:

Assessment (imbalances/cues)

Rebalancing (What did you do with the imbalances/cues? What, if any, imagery was used. Why?) *See Imagery, page vii.*

At the **End** of the session I _____

Symbol Legend for Cues Noted (e.g. saw, heard, smelt, sensed, felt, somatic …)

Self **Reflection**: _____

_____

Client responses I noted: _____

Additional Comments: _____

_____

_____ (Practitioner Initials) _____