

My Healing Journey (Detailed)

Date of Session _____ Hours of Session _____

“My Healing Journal” is designed to keep track of your physical, emotional, and spiritual growth over time.

Healing often happens gradually which can keep people from noticing how much progress they’ve made; this is called “Healing Amnesia.” Most people forget the extent of their original discomfort/dis-ease after having experienced a significant degree of healing. With “My Healing Journey”, we invite you to track your healing progress to help you realize how far you have come.

The journal starts with this form; to be completed prior to your first EESystem session and a new form directly AFTER each session. This can help you more clearly identify the healing that is taking place on your journey.

ALSO, you will find a list of questions and journal space at the end to track your progress by writing thoughts and descriptions that allow for more personal detail if you choose.

PHYSICAL

Evaluate on a scale of 0-5, with “0” being non-existent and “5” being severe.
Use the blank space for symptoms that are not listed.

Area Effected	Symptoms/Notes	Severity
Head area (scalp, face, hair)	_____	0 1 2 3 4 5
Neck and Shoulder area	_____	0 1 2 3 4 5
Arms (upper and lower)	_____	0 1 2 3 4 5
Hands, Wrists and Fingers	_____	0 1 2 3 4 5
Front Torso Area (chest, stomach)	_____	0 1 2 3 4 5
Back (upper, mid and lower)	_____	0 1 2 3 4 5
Organs (kidneys, liver, lungs, etc.)	_____	0 1 2 3 4 5
Mid-Section (waist, pelvis, hips)	_____	0 1 2 3 4 5
Legs (thighs, knees, calves)	_____	0 1 2 3 4 5
Feet (ankles, soles, arches, toes)	_____	0 1 2 3 4 5
Allergies (specify type)	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5

EMOTIONAL / MENTAL / BEHAVIORAL

Evaluate on a scale of 0-5, with "0" being non-existent or minimal and "5" being very high.
Add other symptoms in the blank space if needed.

Area Effected	Diagnosis / Symptoms / Notes	Level Experiencing
Anxiety	_____	0 1 2 3 4 5
Depression	_____	0 1 2 3 4 5
Positive Self-Image (Thoughts of self)	_____	0 1 2 3 4 5
Positive Self-Talk	_____	0 1 2 3 4 5
Motivation to be healthy	_____	0 1 2 3 4 5
Personal Hygiene	_____	0 1 2 3 4 5
Satisfaction with your life	_____	0 1 2 3 4 5
Ability to Focus	_____	0 1 2 3 4 5
Ability to Relax	_____	0 1 2 3 4 5
Sleep Quality / Amount	_____	0 1 2 3 4 5
Quality Dietary Habits	_____	0 1 2 3 4 5
Hydration (water intake)	_____	0 1 2 3 4 5
Supplementation / Vitamins	_____	0 1 2 3 4 5
Regular Exercise / activity	_____	0 1 2 3 4 5
Healthy Relationships (close)	_____	0 1 2 3 4 5
Quality Work Performance	_____	0 1 2 3 4 5
Detox Practices	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5

SPIRITUAL

Evaluate on a scale of 0 -5, with “0” being non-existent or minimal and “5” being high / often.
Add symptoms in the blank space if needed.

Area Effected	Diagnosis / Symptoms / Notes	Level Experiencing
Spiritual Routines (ie: meditation)	_____	0 1 2 3 4 5
Belief in Self-Healing	_____	0 1 2 3 4 5
Connection to Higher-Self / Source	_____	0 1 2 3 4 5
State of High Vibration (positive)	_____	0 1 2 3 4 5
Inner healing work (past traumas)	_____	0 1 2 3 4 5
State of Awareness / Consciousness	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5
_____	_____	0 1 2 3 4 5