

CONFIDENTIAL. DR DUDLEY CHEWNING Client NOTES: TREATMENT Log

Hydrated. Y. N. Food y. N. GATE; _____ face _____

Name _____ Date _____ Session _____

Sensitivity level _____. MOReactivity _____. Treating _____

Last session lvl _____. Gen Bal energy. Activation. Activation plus. Neuroblast

Today level _____ Gen. Bal energy. Activation. Activation plus. Neuroblast

exposures _3. 4. 6. ___ cycle1 2

IR. Time. Head 1. 2 Hand 1. 2 . Neck 1. 2 pain area _____

Session reactions _____ attitude _____ Body lang _____

Calmness _____. Other _____

Subjective: headaches. When _____. # _____ intensity _____

Reactivity. Heat in chest anxious dystonic shift. Something wrong. Other _____
BRAIN FOG.

Electro placement Why _____ std 4 or Hd treat. F3F4. FZ PZ F7F8. NZ OZ

Depress 4+. Balance C3C4. NzOz. Other. P3P4. O1O2 SLEEP . T5T6. T3T4 ADD

Other _____ depression 01 02

Exposure 1 3 4 6. Other _____ nano 1 F3 F4. micro 3 EX AT F3F4 F7F8 NZOZ 5 seconds

Next appoinment _____. Fee _____ collected _____

EMF # _____. Brain gage assessment _____

Report for Dr. Chewing at Integrative Treatment Services.

Hydrated today. Y. N. Food intake. Y. N

*****AT 24 hours report. Name. _____ Date _____

Rate 1–10. 10 is good

Anx _____ Depressed _____ . Gut problems. ___ (Constipated/Diarrhea)

sensitive to light __. Sensitive to sounds __ Memory _____ alert _____.

Brain fog _____ Head aches _____ Clarity _____

of Negative reactions _____

of Positive reactions: _____

Rest of week _____

Med changes _____ . Diet changes _____

Amount of EMF exposure _____. Bare foot time _____

Life changes applied _____

Social Encounters _____ status _____

Spiritual news: _____

Comments on progress _____

Past week information on symptoms treated. _____

Things that I'm doing different: _____

Vagal tools used this week: deep breathing _____. Tapping_____ throat vibrations _____

Cold shower _____. Wonder walking_____. Meditation:_____ praying _____

Massage ____ Other _____. Comments: _____
