

Date: _____

Client Name: _____

Age: _____

Reported Condition:

Evaluation Findings:

How did you shine your light?

_____ Establish Parasympathetic State

_____ Health & Balance

_____ Local Points (mark on chart)

_____ Master Points/Influential Points

_____ Distal Principle Points

_____ Muscle Release (belly or
origin/insertion)

_____ Nerve Activation

_____ Meridian Clearing (physical or
emotional)

Which Meridian(s) _____

_____ Spinal Push

_____ SuperChargers (Acute Pain/Bleeding)

_____ Other Photopuncture Recipe
(document points below)

Immediate Response to Session:

Photopuncture Session Tracking Chart

