

CHAKRA HEALING KINESIOLOGY - ASSESSMENT

Student Name: _____

Course Dates: _____

CASE STUDIES

Students are required to complete **6 entire case studies** using the case study template form provided on next page. These must be completed outside of class and submitted to the assessor via email only in **one combined PDF document** for marking to achieve competency. **Please note no paper copies or photos of individual pages will be accepted.**

(10 marks per case study)

Case Study 1 out of 10

Case Study 2 out of 10

Case Study 3 out of 10

Case Study 4 out of 10

Case Study 5 out of 10

Case Study 6 out of 10

Total correct out of 60 Pass required 75% (45 correct)

CHAKRA HEALING KINESIOLOGY SESSION SHEET

Practitioner Name: _____ Case Study #: _____

Client Initials: _____ Age: _____ Date: _____

Physical Symptoms: _____

Emotional Stressors:

Clear	Want to Feel

Pre-checks: Hydration | Central | Switching | Body Polarity | Ionisation | Thymus ___% / ___%

Willingness statements: Stress? Yes / No Correction: _____

Connection Points: Spirit | Mind | Body-Heart | Earth

Goal/Context: _____

_____ **Best Goal?:** Yes / No

Stress on Goal/Context: _____ **Suppression Mode:** I/C? Yes / No

Age of Cause or Age of Best Understanding (circle): Age _____

Involvement: Self | Male | Female | Parents | Everyone | Circumstance | Spirit | Other

Who/What?: _____

Hold Chakra Mode, when I/C, hold chakra mode over one chakra at a time starting at Base, when I/C stack in circuit and go through following procedure.

CHAKRA (circle): Base | Sacral | Solar Plexus | Heart | Throat | Third Eye | Crown

Type of Chakra Energy Imbalance (circle): Overactive or Underactive

Minor Chakra Imbalance: Yes / No **Name:** _____

Relevance: _____

Governs / Physical relevance: <i>(if any, discuss)</i>	
Qualities:	
Life Issues:	

Emotions:	
Emotional indications of imbalance:	
Emotional indications of balance:	
Correction Remedies: <i>Challenge remedy:</i> - I/C do more of same remedy - No I/C, check for a different remedy, if required.	Crystal: _____ Chakra Balancing Spray / Oil: _____ Essential Oil: _____ Wellbeing Balancing Oil: _____ Acupressure Point: _____ Colour: _____ Nutrition: _____ Activities/Spiritual Practices: _____ Sound: _____ Flower Essence: _____ Aura Soma: _____ Crystal Pendulum: _____ Oracle/Healing Card: _____ Affirmation: _____ Nature's Healing Chi: _____ Shamanic Wand Clearing Spray ESR Other: _____
Recheck: <input type="checkbox"/> (Tick) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	More Mode is clear. Words/phrases from "Qualities", "Life Issues", "Emotions", "Emotional indications of imbalance", "Emotional indications of balance" all holding, ie. no stress. Chakra Mode held over Chakra is clear, ie. no I/C. Recheck any imbalanced Minor Chakras are clear, ie. no I/C. If all clear move to next chakra, if not use further remedies.

CHAKRA (circle): Base | Sacral | Solar Plexus | Heart | Throat | Third Eye | Crown

Type of Chakra Energy Imbalance (circle): Overactive or Underactive

Minor Chakra Imbalance: Yes / No **Name:** _____

Relevance: _____

Governs / Physical relevance: <i>(if any, discuss)</i>	
Qualities:	

Life Issues:	
Emotions:	
Emotional indications of imbalance:	
Emotional indications of balance:	
<p>Correction Remedies:</p> <p><i>Challenge remedy: - I/C do more of same remedy - No I/C, check for a different remedy, if required.</i></p>	<p>Crystal: _____</p> <p>Chakra Balancing Spray / Oil: _____</p> <p>Essential Oil: _____</p> <p>Wellbeing Balancing Oil: _____</p> <p>Acupressure Point: _____</p> <p>Colour: _____</p> <p>Nutrition: _____</p> <p>Activities/Spiritual Practices: _____</p> <p>Sound: _____</p> <p>Flower Essence: _____</p> <p>Aura Soma: _____</p> <p>Crystal Pendulum: _____</p> <p>Oracle/Healing Card: _____</p> <p>Affirmation: _____</p> <p>Nature's Healing Chi: _____</p> <p>Shamanic Wand Clearing Spray ESR Other: _____</p>
<p>Recheck: <input type="checkbox"/></p> <p>(Tick) <input type="checkbox"/></p> <p> <input type="checkbox"/></p> <p> <input type="checkbox"/></p>	<p>More Mode is clear.</p> <p>Words/phrases from "Qualities", "Life Issues", "Emotions", "Emotional indications of imbalance", "Emotional indications of balance" all holding, ie. no stress.</p> <p>Chakra Mode held over Chakra is clear, ie. no I/C.</p> <p>Recheck any imbalanced Minor Chakras are clear, ie. no I/C.</p> <p>If all clear move to next chakra, if not use further remedies.</p>

CHAKRA (circle): Base | Sacral | Solar Plexus | Heart | Throat | Third Eye | Crown

Type of Chakra Energy Imbalance (circle): Overactive or Underactive

Minor Chakra Imbalance: Yes / No **Name:** _____

Relevance: _____

Governs / Physical relevance: <i>(if any, discuss)</i>	
Qualities:	
Life Issues:	
Emotions:	
Emotional indications of imbalance:	
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Correction Remedies: <i>Challenge remedy:</i> - I/C do more of same remedy - No I/C, check for a different remedy, if required.	Crystal: _____ Chakra Balancing Spray / Oil: _____ Essential Oil: _____ Wellbeing Balancing Oil: _____ Acupressure Point: _____ Colour: _____ Nutrition: _____ Activities/Spiritual Practices: _____ Sound: _____ Flower Essence: _____ Aura Soma: _____ Crystal Pendulum: _____ Oracle/Healing Card: _____ Affirmation: _____ Nature's Healing Chi: _____ Shamanic Wand Clearing Spray ESR Other: _____
Recheck: <i>(Tick)</i>	<input type="checkbox"/> More Mode is clear. <input type="checkbox"/> Words/phrases from "Qualities", "Life Issues", "Emotions", "Emotional indications of imbalance", "Emotional indications of balance" all holding, ie. no stress. <input type="checkbox"/> Chakra Mode held over Chakra is clear, ie. no I/C. <input type="checkbox"/> Recheck any imbalanced Minor Chakras are clear, ie. no I/C. If all clear move to next chakra, if not use further remedies.

Recheck: *(Tick)*

- Area of involvement is clear, ie. no I/C.
- Age of cause or best understanding is clear, ie. no I/C.
- Suppression mode is clear, ie. no I/C.
- Physical symptoms clear, ie. no I/C.
- Goal / context is clear, ie. no I/C on emotional stressors.
- Stress on goal has reduced. Stress level now: _____

Home reinforcement: _____

Other Comments: _____

Participant Feedback: _____

Record information and ‘the story’ on relevance of what tested up including remedies in relation to client’s physical symptoms, emotional stressors and goal/context:

End of Chakra Healing Kinesiology balance