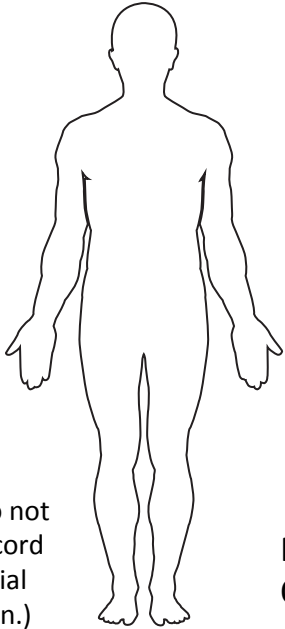


Seimei Session

Name: _____

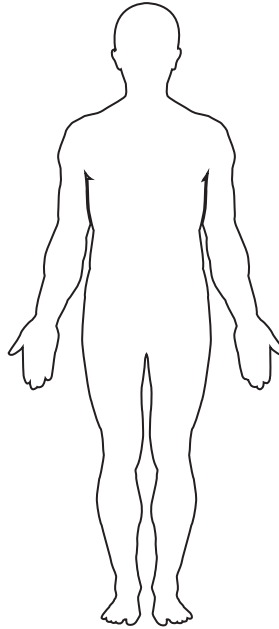
Date: _____

Practitioner Name: _____

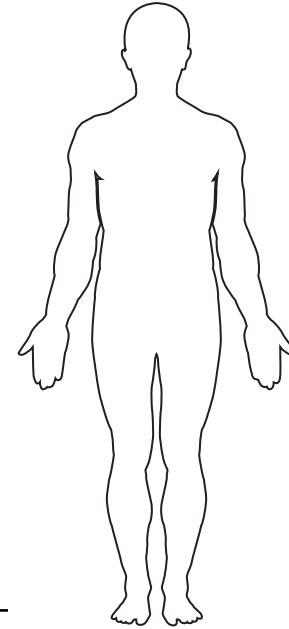


(Do not
Record
Initial
Scan.)

Point 1
Organ: _____



Point 2
Organ: _____



Point 3
Organ: _____

Primary Symptom (To take away): _____

Other Symptoms (See What Changes): _____

Results/What I Learned: _____