

Balance Record for TFH Levels 3 and 4

To be completed by TFH student and returned to their TFH Instructor at commencement of next TFH Level

Name of TFH Student _____ Date _____

My Reg. TFH Instructor _____ My TFH Level _____

Name _____ Age: 0-10, 11-17, 18-65, 66+ (Circle one)

Male Female Comments _____

Education required? yes no Permission to test yes no

Pretests Indicator Muscle OK? yes no Switching OK? yes no

Central Meridian OK? yes no Hydration OK? yes no

Goal Statement _____

Emotion _____

Subjective Assessment 0 1 2 3 4 5 6 7 8 9 10
(Circle one: Pain, Stress, Energy level, range of motion, etc.)

Any other subjective assessment or pre-evaluation (e.g., range of movement, current ability)

Preferred Balancing Method 14/28 muscles "fix as you go" Wheel 5 Elements (Circle One) Food

Under energies Color

Over energy Sound

Priority starting point Emotions

Goal Check

Subjective Reassessment 0 1 2 3 4 5 6 7 8 9 10

Testimonial from person (optional) _____

Other evaluation reassessment _____

Positive change? yes no Permission to use for research yes no

Signature of Student _____