PASTORAL COUNSELLING HEALTH FORM

(Part of HCO Bulletin 19 May 1969)

This form is done by an auditor. It is metered.

Don't try to handle items as the PC gives them unless an item BDs and the PC is interested. Otherwise assess after it is done. It also should be reassessed for additional items to run.

If the PC gives you a medical term (eg. Migraine Headache) as an illness, write it down in the first column then ask PC what the somatic is (eg. Pain in Head) write that down in the second column and note beside it any read. There is no rote command. Get somatics (not incidents) that can be assessed and run.

If the PC gives you a <u>somatic</u> don't then ask for the feeling of it. Just write it down in the second column with its read and carry on down the list. If the PC gives several somatics in response to one illness, write down each as a separate somatic. Assess only the second column. Do not assess multiple somatics (ie. several somatics as one item) and do not assess items that are not somatics. Do not assess narrative items. Do not accept or assess considerations.

Remember that an illness has more than one somatic to be audited out before it is wholly gone.

Persons medically: Hi should be sent for medical exam.

Cross those off that have been run until form is completely handled.

The end product of this form is entirely to pick out what to audit.

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| Auditor | | Org | | | |
| TA Position at start of Fo | • • | | | | |
| Answer | Feeling | | Meter | r Read | |
| 1. Do you have an CURF | RENT ILLNESS? | | | eg Meg | |
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| 2. Have you RECENTLY | nad any ILLNESS? | * * * * * * * * * * * * * * * * * * * | | • • | |
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| 3. Do you have any REG | CURRING ILLNESS? | es communicación de la compansión de la co | weath | | |
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| 4. Do you have any CURRENT | | | |
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| 5. Have you RECENTLY had a | any MISEMOTION? | | |
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| 6. Do you have any RECURR | ING MISEMOTION? | • . | • * * * * * * * * * * * * * * * * * * * |
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| 7. Do you have any ACHES? | | | |
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| 8. Have you RECENTLY had | any ACHES? | • | |
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| 9. Do you have any RECURR | • | | |
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| 10. Do you have any PAINS? | Same and the same | · | A COMPANY OF THE PROPERTY OF T |
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| 11. | Have you RECENTLY had any PAINS? | | | | | |
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| 12. | Do you have any RECURRING PAINS? | | | | | • |
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| 13. | Do you have any INJURED BODY PART? | • | | | | • • |
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| 14. | Do you have any PRESENT DISEASE? | | , | | | |
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| 15. | Do you have any RECURRING DISEASE? | • | | | | · 'i -d |
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| 16. | Do you have any PRESENT INFECTION? | - " | | | | • |
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| 17. | Do you have any RECURRING INFECTION? | | 4 | $\frac{1}{\hat{p}}$ | | |
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| 19, | Do you have any RASH? | | | | | | 4.45 |
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| 20. | Do you have any RECURRING | RASH? | | | , | | 9 |
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| 21. | Do you have any UNWANTED | SENSATIONS? | | | 1.46 | | , |
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| 22. | Have you RECENTLY had any | UNWANTED SENSATIONS? | - | | | | |
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| 23. | Do you have any CONTINUIN | G UNWANTED SENSATIONS? | | ži ve | | | |
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| 24. | Do you have any RECURRING | S UNWANTED SENSATIONS? | | * * | : | : | |
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| 25. | Do you have any TEETH | TROUBLES? |
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| 26. | Do you have any other TO MENTION? | PHYSICAL CONDITION YOU WANT |
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| 27. | Do you have any unwant | |
| | | |
| 28. | is there something you | wanted handled which wasn't? |
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| Are t Menti | these all the complaints? on such things as VD in | (If question reads get the additional complaints, case PC is embarrased to mention them.) |
| | | |
| Cross | off what has been run. | Completely handle the form. |

Add new items in subsequent sessions if PC gives them.

L. RON HUBBARD FOUNDER

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