

PASTORAL COUNSELLING
HEALTH FORM

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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 somatic 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.

Preclear _____ Date _____

Auditor _____ Org _____

TA Position at start of Form _____

<u>Answer</u>	<u>Feeling</u>	<u>Meter Read</u>
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1. Do you have an CURRENT ILLNESS?

2. Have you RECENTLY had any ILLNESS?

3. Do you have any RECURRING ILLNESS?

4. Do you have any CURRENT MISEMOTION?

5. Have you RECENTLY had any MISEMOTION?

6. Do you have any RECURRING MISEMOTION?

7. Do you have any ACHES?

8. Have you RECENTLY had any ACHES?

9. Do you have any RECURRING ACHES?

10. Do you have any PAINS?

11. Have you RECENTLY had any PAINS?

12. Do you have any RECURRING PAINS?

13. Do you have any INJURED BODY PART?

14. Do you have any PRESENT DISEASE?

15. Do you have any RECURRING DISEASE?

16. Do you have any PRESENT INFECTION?

17. Do you have any RECURRING INFECTION?

18. Do you have any PRESENT VENEREAL INFECTION?

19. Do you have any RASH?

20. Do you have any RECURRING RASH?

21. Do you have any UNWANTED SENSATIONS?

22. Have you RECENTLY had any UNWANTED SENSATIONS?

23. Do you have any CONTINUING UNWANTED SENSATIONS?

24. Do you have any RECURRING UNWANTED SENSATIONS?

25. Do you have any TEETH TROUBLES?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. Do you have any other PHYSICAL CONDITION YOU WANT TO MENTION?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27. Do you have any unwanted ATTITUDE?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. Is there something you wanted handled which wasn't?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are these all the complaints? (If question reads get the additional complaints. Mention such things as VD in case PC is embarrassed 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