



## First 10 Clients List (Practicum)

Name \_\_\_\_\_

Class Date \_\_\_\_\_ Phase \_\_\_\_\_

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1) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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2) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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3) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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4) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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5) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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6) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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7) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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8) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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9) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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10) Client Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Observations \_\_\_\_\_

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This serves as the practicum in the certification process. Phone numbers will only be used in the rare case of an audit to verify sessions. **Fax to SomaEnergetics 800-480-0763 – Thank you!**  
EMail to: [support@SomaEnergetics.com](mailto:support@SomaEnergetics.com) Questions? Call Tim at 704-469-SOMA (7662)