

Psychic Feeling ~ People Reading Observations Sheet

Name: _____

Date, Time & Location: _____

Subject Number ___ Description: _____

Fundamental Energy: _____

Predominant Emotion: _____

General Observations:

Date, Time & Location: _____

Subject Number ___ Description: _____

Fundamental Energy: _____

Predominant Emotion: _____

General Observations:

Date, Time & Location: _____

Subject Number ___ Description: _____

Fundamental Energy: _____

Predominant Emotion: _____

General Observations:
