

*Neural Pathway Restructuring™ Association*  
Changing your past to create your future

Case Study

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Have you been seen by a Healthcare practitioner? And if so, when? \_\_\_\_\_

Presenting Problem:

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Outcome:

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Time: \_\_\_\_\_