

HUBBARD COMMUNICATIONS OFFICE  
Saint Hill Manor, East Grinstead, Sussex

Remimeo  
Class VIII's  
Dianetic Auditor's  
Checksheet  
Tech Sec  
Ds of T  
Ds of P

HCO BULLETIN OF 16 APRIL 1969

**HEALTH FORM, USE OF**

As one needs a guide to know what to audit on a case, the Dianetic Health Form is an essential auditing action.

Also, some cases do not know they have recovered. It is Scientology that addresses improved awareness, not Dianetics. Dianetics accomplishes an eradication of the unwanted condition and when it is gone it is gone. The pc will not again mention it in many cases and it would be an error to hammer him about being better now.

*Therefore* a second Health Form gives a comparison. The somatics and pains not mentioned in the second which were in the first can be considered to be gone.

A second form done later gives the auditor and (when a Case Supervisor is also on the case) the Case Supervisor an indication of the actual improvement. A few days, weeks or months can elapse between giving the form. This gives an indication of improvement. Any number of Health Forms can be given.

One of the old problems of Dianetics was that the pc recovered from his arthritis fully and then only nagged the auditor about a new symptom. It wasn't that the pc *had* to have an illness (only the 19th century psychologist believed that it was no use to cure anything as the patient just got something else). The fact is that the symptoms of the pc are *several*, not just one.

You take up and audit *each* symptom or complaint, one after the other.

This is a new advance in Dianetics—that a preclear's illness or upset has more than one source. His illness or upset is a *composite*.

You audit the most available symptom first. Then find the next one and audit it, then the next, etc.

The symptom in which the pc is most interested is the one to do first. You run its secondary or engram or chain and it vanishes.

Then do the one in which he is *now* interested and run its secondary or engram or

Now find the next symptom, etc.

Sooner or later the pc will have tremendous good indicators, be smiling, happy.

That's the time to quit. Right there. Until then, keep finding and fully erasing the latest symptom the pc has.

This can be done with or without a meter. The meter makes it easier. The biggest read on an item given on the Health Form is the one to audit first.

One finds "an incident which could have caused that", dates it loosely, runs it as an incident without pushing hard, gets an earlier similar incident and runs that, or even a third or fourth earlier similar (each time earlier) incident until a floating needle or the pc indicates the thing is gone.

Then one finds out what may now be bothering the pc and does the same action on it.

Sooner or later the pc will become bright, happy, symptom free.

Symptoms are pains, emotional feelings, tiredness, aches, pressures, sensations, unwanted states of the body, etc.

The only point where an auditor may get a hang-up is when he encounters an earlier wrong diagnosis. Someone told the pc he had heart trouble and the pc gives that as a symptom but doesn't really have one. When such a puzzle comes up you look for allies (other people) who had heart trouble (or whatever the thing was) or you find out from the pc and meter if it was a wrong diagnosis.

If you are auditing without a meter, you take the pc's *interest* as the indicator. You audit the symptom in which he is interested and cease to audit it when it is gone.

You can use whatever is given on the original Health Form that was done until the form is no longer valid or until the pc's good indicators are in. When the pc brightens up, that's the end of that Health Form. A new one must be done **WHEN THE PC IS AGAIN FEELING BAD, TIRED OR WORRIED.**

The purpose of any session or series of sessions is to get the pc feeling well and happy.

Sometimes the pc's condition is obvious and the engram equally obvious. The pc has just had a child. The delivery of it and any earlier similar engram is of course audited at once. Any recent experience is so handled.

If a pc wants no auditing and yet is ill or miserable, one finds out why he doesn't want to be audited by getting him to explain (when he will become auditable) or one finds and runs as secondaries, engrams or chains bad experiences with treatment.

If the pc doesn't recover at all, then the Auditor's Code has been violated or the engrams were overrun or not run long enough to erase or the pc was very ill medically and should have had a medical examination first.

But even with poor auditing it is rare for a pc not to recover.

Of course, the more skilled (follows the Auditor's Code, knows his meter, knows his Dianetics) the Auditor is, the more certain recovery becomes.

The worst crime is overwhelming the pc by telling him what's wrong, not letting him tell you.

The Health Form is of very great assistance in handling all this. The use of it is as follows:

1. The Auditor sits down with the pc (usually the pc on a meter) and explains he's going to do a Health Form and try to help the pc.
2. The Form is completed.
3. The Auditor picks out by meter or by asking the pc which symptom he has his attention on.
4. The Auditor finds an incident that had that symptom in it, dates it and runs it as an incident.
5. The incident (and symptom) erases or the Auditor finds an earlier similar incident, etc, dates it and erases it until the incidents and symptoms are gone.
6. A new symptom is located on the Health Form by meter or pc's interest.
7. Steps 4 and 5 are repeated.

8. A new symptom is located on the Health Form or by pc's complaint.
9. Steps 4 and 5 are repeated.
10. We go on doing this until the pc is suddenly well, smiling and happy and at that moment we at once desist.
11. We tell the pc that is the end of the session. Note if several sessions were required to do the above, we start each new one by telling the pc it's started and end each session by telling the pc the session is ended.

Each session is written down as it is done and preserved for future correction or use.

The basic Health Form follows as part of this HCO B. Individual copies are made out for each pc and left in his case folder.

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Founder

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**DIANETIC HEALTH FORM**

11 April 1969

\_\_\_\_\_  
Name of Pc

\_\_\_\_\_  
Date of Form

\_\_\_\_\_  
Name of Auditor

\_\_\_\_\_  
Place of session

This form is done by the Auditor with a Pc. It is not Metered.

1. Visible physical defects \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Physical disabilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Perception difficulties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Past illnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Past operations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Any current illness \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Any continual pains \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Any occasional pains \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

9. Any continual aches \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Any occasional aches \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Any continual unwanted sensations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Any occasional unwanted sensations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Tiredness—continual \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Tiredness—occasional \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Emotional tone by pc statement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. (a) Any fears \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. (b) Chronic worries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Emotional tone by auditor's inspection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Any disability payment or pension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Any familial history of insanity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. Any venereal infection in the past \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Any venereal infection in the present \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. Any rash \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Overweight \_\_\_\_\_
23. Underweight \_\_\_\_\_
24. Eye Colour \_\_\_\_\_
25. Any tint in eye whites \_\_\_\_\_
26. Pimples \_\_\_\_\_
27. Glasses \_\_\_\_\_
28. Colour Blindness \_\_\_\_\_
29. Hearing \_\_\_\_\_  
\_\_\_\_\_
30. Nasal Trouble \_\_\_\_\_  
\_\_\_\_\_  
Throat Trouble \_\_\_\_\_  
\_\_\_\_\_

31. Sick or disabled family members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Perception trouble in family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. Earlier allies or close friends \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
34. Husband or wife physical troubles \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
35. Attitude toward illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
36. Attitude toward treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
37. Earlier physical examination discloses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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