

# Session Documentation Form

**1.** Participant Initials \_\_\_\_\_ Date \_\_\_\_\_ Session # \_\_\_\_\_ Provider \_\_\_\_\_

## Check-In/Changes Since Last Session

Overall sense of well being: Better /same / worse \_\_\_\_\_

Pain/stress/depression/sleep/other issue? Scale of 1-5 (5 = 😞) \_\_\_\_\_

**2.** Describe \_\_\_\_\_  
\_\_\_\_\_

Appointments/treatments/test results? \_\_\_\_\_  
\_\_\_\_\_

Focus for this session? \_\_\_\_\_

Initial observations \_\_\_\_\_

## Energy Work/Techniques Used



## Post Session Notes

Observation \_\_\_\_\_  
\_\_\_\_\_

**4.** Participant's response \_\_\_\_\_  
\_\_\_\_\_

Pain/stress/depression/sleep/other -Reevaluate (1-5) \_\_\_\_\_

Follow up and/or self-care \_\_\_\_\_