

# 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=best) Describe:

**2.**

Appointments/

Treatments/

Test Results:

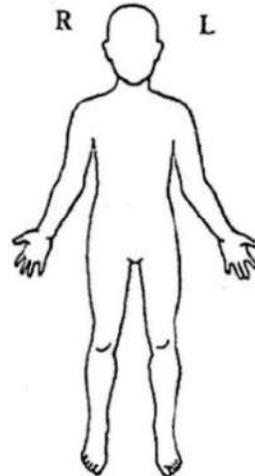
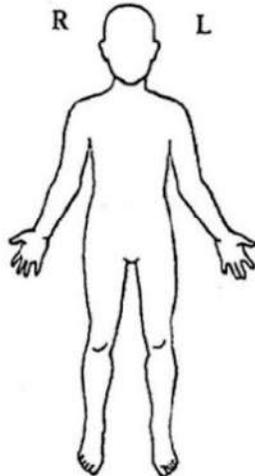
Focus for

this session:

Observations:

## Energy Work/Techniques Used

**3.**



**4.**

## Post Session Notes

Observations:

Participant's

response:

Pain/stress/depression/sleep/  
other issue – Reevaluate (1-5)

Follow up and

/or self-care: