



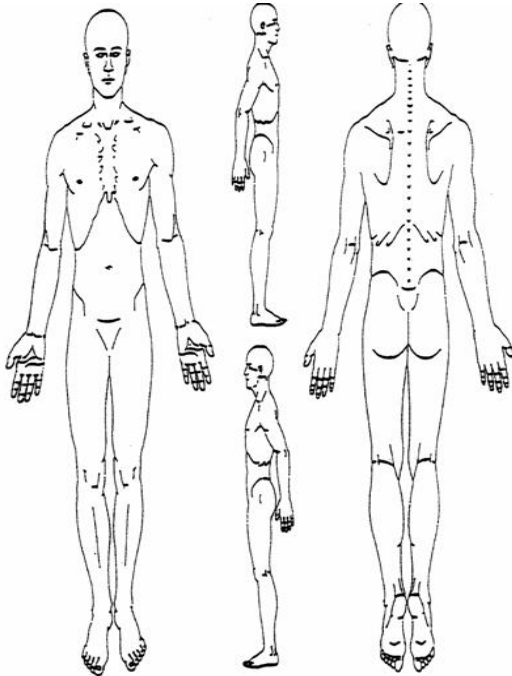
Session Intake Information

YEAR: _____

LAST INITIAL: _____

Print Name: _____

Today's Date: ____/____/____



Please mark the diagram to indicate any areas where you are currently experiencing pain or discomfort.

On a scale from 1-10, please rate how you are feeling today (10=Excellent, 1= Horrible)

Physically: _____
Emotionally: _____
Mentally: _____
Overall: _____

On a scale from 1-10, please rate how much stress you are currently experiencing in your daily life (10 = An extreme amount of stress, 1 = Little to no stress) _____

What is your particular area of concern or intention for this session?

Please describe: _____

Remainder to be completed by therapist

Session Type: _____

Observations:

Plans:

Payment Type: _____

**Orange is the color of joy, confidence, and creativity.
It promotes a productive energy and a sense of wellness.**