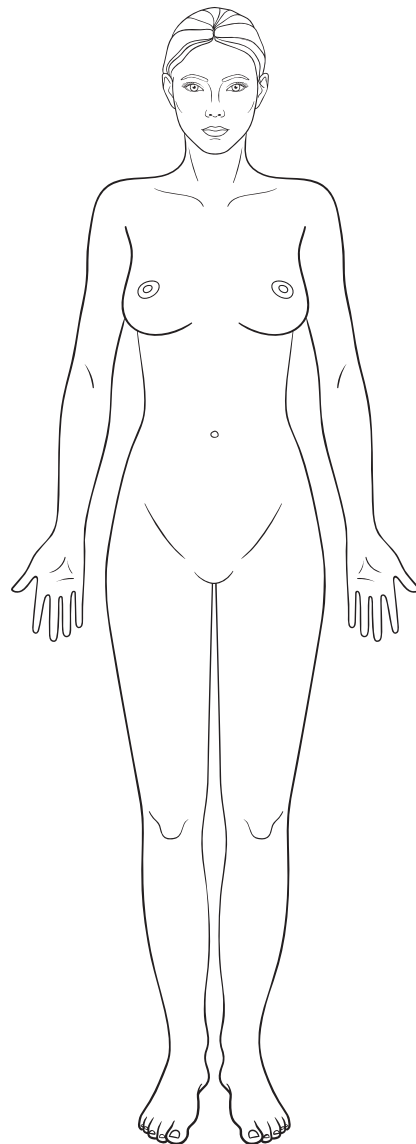
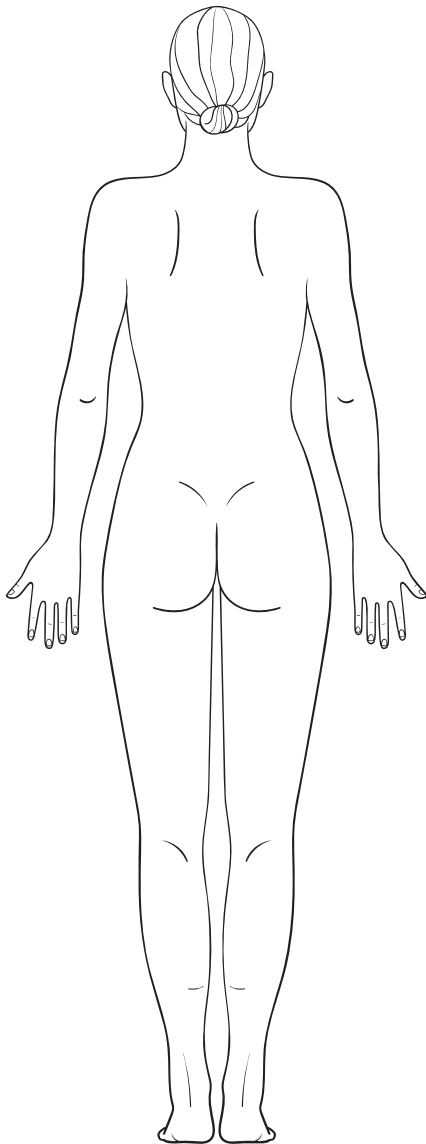


INTEGRATIVE SOMATIC

ASSESSMENT

PLEASE CIRCLE ALL OF THE AREAS BELOW THAT YOU EXPERIENCE PAIN OR OTHER SYMPTOMS IN YOUR BODY & RATE 1-10 OF THE LEVEL OF INTENSITY YOU FEEL THIS NEXT TO THE CIRCLE (10 BEING THE MOST INTENSE)

I AM A HUMAN BEING THAT FEELS...



ADDITIONAL
SYMPTOMS IN
MIND, BODY, HEART
OR SPIRIT

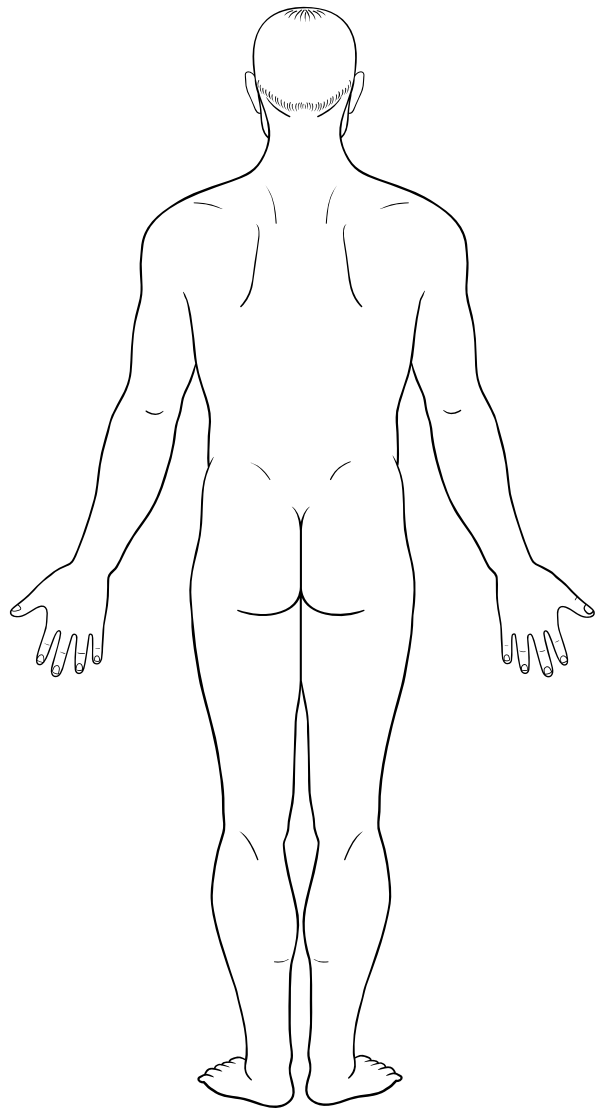
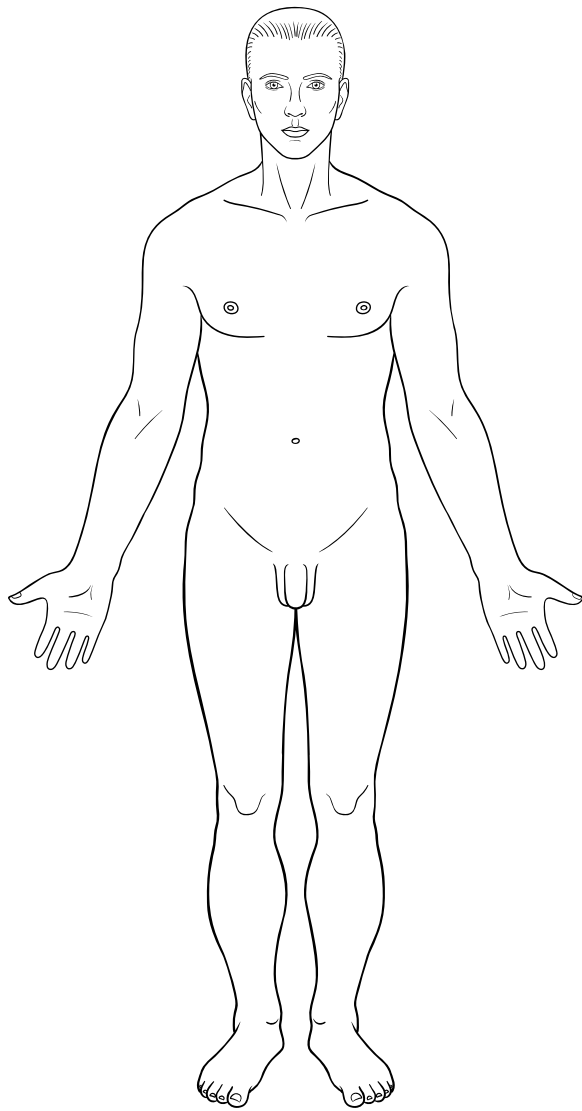


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I AM A HUMAN BEING THAT FEELS...



ADDITIONAL
SYMPTOMS IN
MIND, BODY, HEART
OR SPIRIT



INTEGRATIVE SOMATIC

ASSESSMENT

READ THE PROMPTS BELOW AND THINK ABOUT THE FIRST THING THAT COMES TO MIND. FILL YOUR ANSWERS OUT IN THE BLANK BOXES. SHARE IN AS MUCH DETAIL AS YOU FEEL COMFORTABLE DOING SO

I HAVE EXPERIENCED...

INJURIES	
ILLNESS	
SURGERY	
TRAUMA	
SIGNIFICANT LIFE EVENTS	
TYPES OF STRESS	
ONGOING NEGATIVE EMOTIONS	
FAMILY HISTORY	
CHRONIC PAIN	
MENTAL OR EMOTIONAL HEALTH ISSUES	
DESCRIBE DAILY SLEEP, DIET, WORK & EXERCISE	



INTEGRATIVE SOMATIC

ASSESSMENT

READ THE PROMPTS BELOW AND THINK ABOUT THE FIRST THING THAT COMES TO MIND. FILL YOUR ANSWERS OUT IN THE BLANK BOXES. SHARE IN AS MUCH DETAIL AS YOU FEEL COMFORTABLE DOING SO

I AM A HUMAN BEING THAT...

LOVES	
WANTS TO	
IS DRIVEN BY	
IS INSPIRED BY	
HAS A HABIT OF (LIST BOTH POSITIVE & NOT HELPFUL HABITS)	
IS HAPPIEST WHEN	
BELIEVES IN	
NEEDS & WANTS	
HAS THE GOAL OF	
OFTEN EMOTIONALLY FEELS	
NO LONGER WANTS TO	
IS AFRAID OF	



INTEGRATIVE SOMATIC

ASSESSMENT

PRACTITIONER NOTES

SESSION DATE:

