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Pre-Treatment Client Intake Form
for McLoughlin Scar Tissue Release

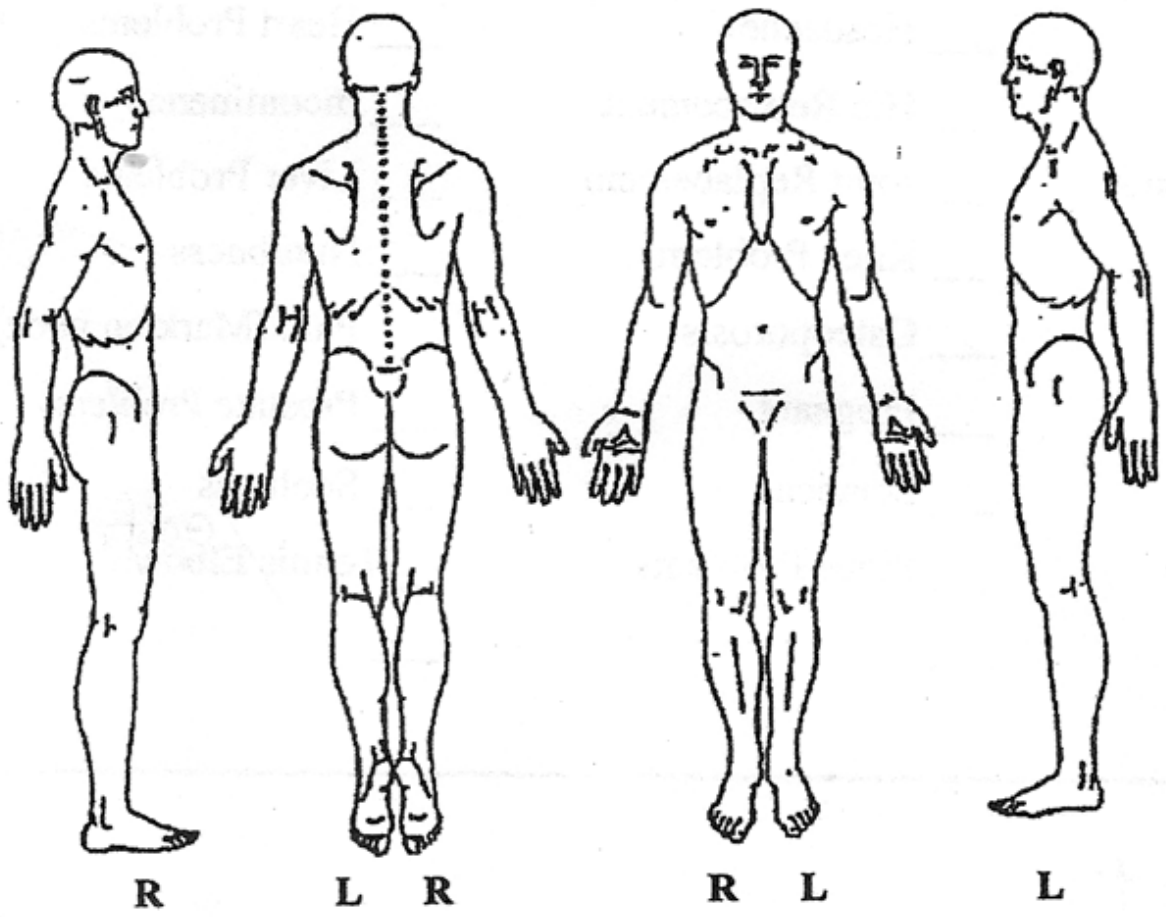
Client Name: _____ DOB: _____Age:___

Address: _____ Phone: _____

Email: _____ Occupation: _____

How did you hear about us? _____

Instructions: Fill out form to the best of your ability one week prior to your appointment, and bring with you to your first session.



Please mark location/s of scar/s

1. When was/were the scar/s acquired?
If multiple scars, indicate each scar with location first, the description of how acquired.

2. How was/were the scar/s acquired? (e.g. surgery, accident)

3. What does/do the scar/s feel like to touch?

4. Do you feel any emotional response by touching the scar? Y/N
If the answer is 'no' please go to question 8.

5. What kind of emotions do you feel when *touching* the scar/s?

6. Do you feel any emotional response by simply *thinking about* the event that created the scar/s? Y/N

7. On a scale of 1 - 10, please rate the strength of that emotional response. (where 1 produces only mild emotional response and 10 produces an extremely strong emotional response) *Please circle the number*

1 2 3 4 5 6 7 8 9 10

Client Signature:_____Date_____

Therapist Signature:_____Date_____

Post Session Notes

- What physical changes did you notice during the treatment?

- What physical changes did you notice (if any) after the treatment?

- During the treatment did you experience any flashback or memory recall of the event/s that created the scar/s? Y/N

- Now the treatment session is completed, do you experience any emotional response by *touching* the scar/s? Y/N

- Now the treatment session is completed, do you experience any emotional response by *thinking about* the scar/s? Y/N
  If you answered YES to question 11 or 12, please describe what emotion/s you feel.

- On a scale of 0 - 10 please rate the strength of that emotional response. (where 0 produces no emotional response and 10 produces an extremely strong emotional response)
  0 1 2 3 4 5 6 7 8 9 10

- any other observations or comments about the treatment?

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Client name:

Client signature:

Date: