TREATMENT SESSION SUMMARY NOTES
For Record-keeping Purposes (Optional)

CIRCLE APPROPRIATE ITEMS

NAME_____**DATE** ___/___/___

PRESENTING ISSUE:

_____

TARGET MEMORY: Touchstone   Other Past   Present Trigger   Future Template

Target Memory status: Complete   Incomplete

Stabilization Strategy applied to shift states?

    Safe Place   Light Stream   Breathing   Other_____

Client Stability when leaving session:

              Fair   Good   Excellent

Additional instructions to client to increase stability between sessions:

_____

Treatment Summary Notes:

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Issues/associations of importance that arose during reprocessing to be reevaluated at later time:

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