IASIS Client Symptom Observations

Practitioner’s Name, address, phone

Thank you for recording your observations! Please email them to me by evening on the day after your session: insert desired email address

*Please rate the following since our last session (compared to before that session). Type an “x” on the scale between “Worse and Better” (or replace the “S” if it’s stayed the same). You can add comments if you like. See example at the bottom.*

Your Name: Date:

Energy Level: Worse S Better

Sleep: Worse S Better

Resilience to stressful stuff: Worse S Better

Ease in getting things done: Worse S Better

Your Initial Concerns

xxx: Worse S Better

(copy from cient’s intake form)

xxx: Worse S Better

xxx Worse S Better

Please list any unexpected changes:

How-To Examples

Energy Level: Worse S x Better

I slept better last night.

Resilience to stressful stuff: Worse S x Better

I’m a lot more patient with my kids!

*Thank you for completing and sending this feedback! It will help us adjust your sessions so we can reach your healing goals more quickly*

*while reducing or eliminating reactions.*