George Laws Social Work Services LLC

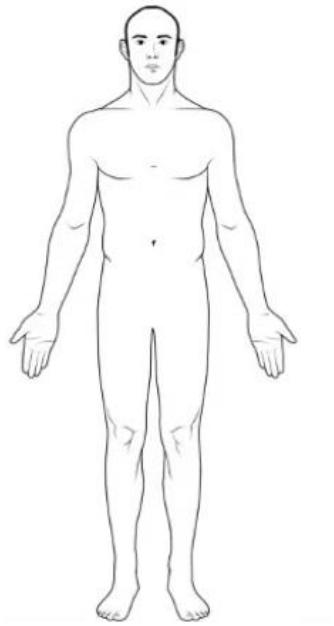
Licensed Clinical Social Worker | EMDR Practitioner | Somatic Experiencing Practitioner

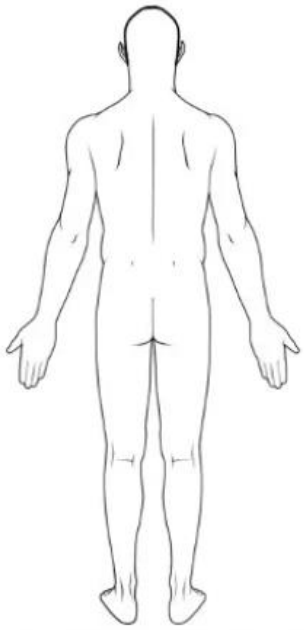
Biophysical Incidence Form

Please mark and number the areas of the body where you have pain, suffering, or incidences of trauma.
Then fill in the relevant information beside and bring it to your next session.
Please note that information provided on this form is protected as confidential information.
Rate your current physical health? (Please check one)

Poor Unsatisfactory Satisfactory Good Very good

Name:_____ Date: _____





1._____

health problems you are currently experiencing :

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