Name Therapist : Name Client :

Date start therapy : Client age :

Therapy goals for Client

Family of origin

Older siblings Younger siblings MF?

Triggers

Bio-

psycho-

social

Symptoms (when client started consulting)

Year of birth

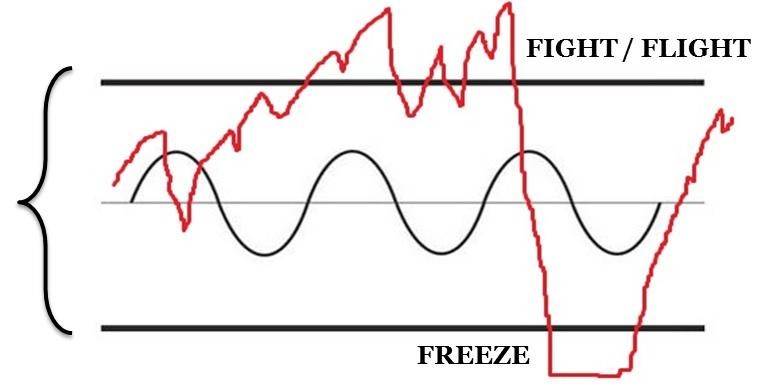
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Age today

2019

-9mo

Clients own family system



Mark the patient’s predominant

ANS-state in the WOT below

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation:  State of client | Little / type 1  *or: good / secure* | Medium / type 2  *or: not too bad/ insecure* | High / type 3  *or: bad/ insecure /disorganized* |
| Gravity of symptoms\* |  |  |  |
| *Bio-psycho-social\*\** |  |  |  |
| Affect dysregulation |  |  |  |
| Fragmentation |  |  |  |
| Dissociation\*\*\* |  |  |  |
| *Attachment* |  |  |  |
| *Solid core* |  |  |  |
| (and Th’s gut feeling 😉) |  |  |  |

Medical history

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment plan** | **Name of protocol** | **Repetition** | **Why this protocol** |  |
| **Stage I:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Stage II:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Stage III:** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment done** | **Name of protocol** | **Repetition** | **What changed?** | **Your observation** |
| **Stage I:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Stage II:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Stage III:** |  |  |  |  |

New informations/ review/updates