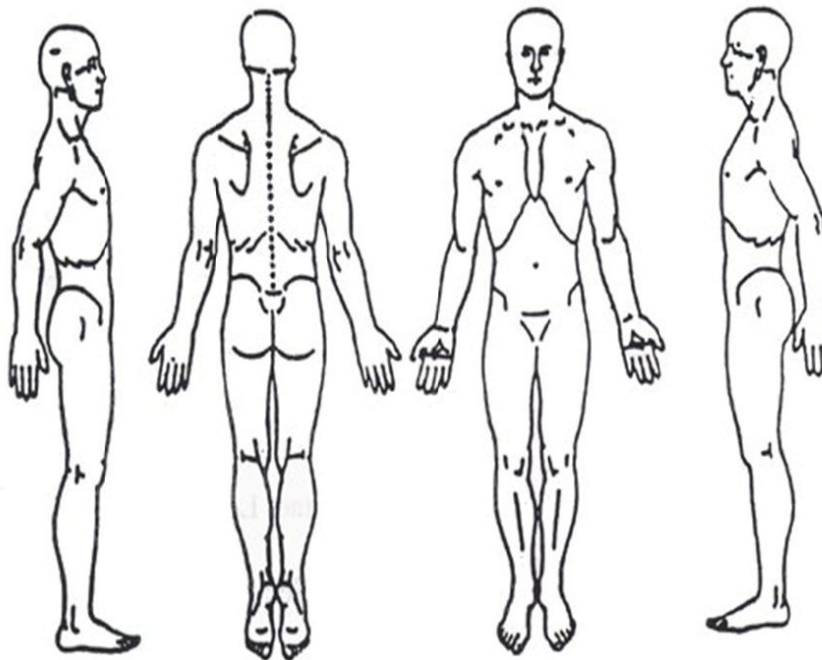


Body Awareness Chart

Client Name: _____ Date: _____

On the diagrams below, please indicate with an (X) the areas of your body where you have stress, tightness, or discomfort.



Please list any specific goals or expectations you have for this session:

Additional information your therapist should know (recent changes in medication, injuries, illness, etc.)
