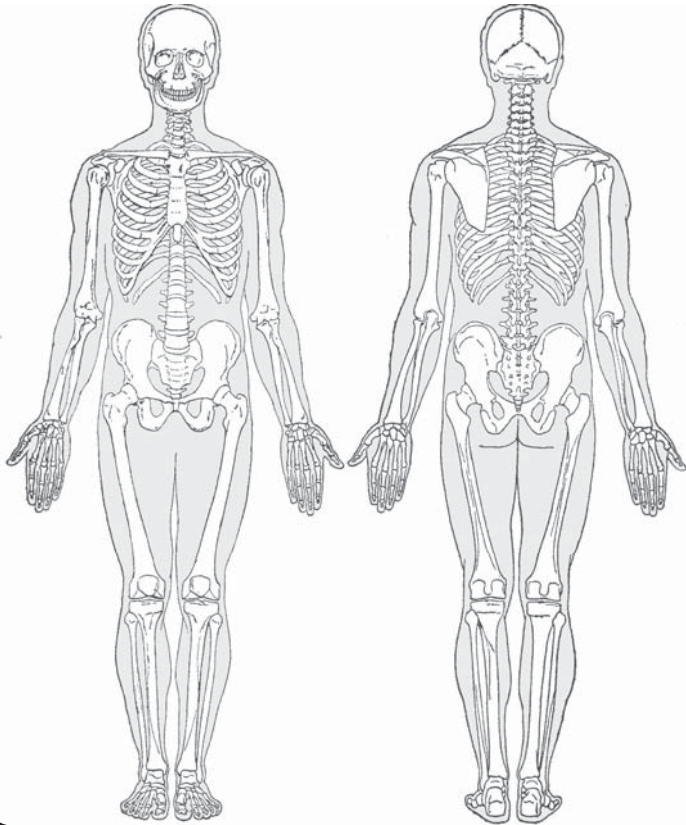


Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Focus:  
Observations:  
\_\_\_\_/10



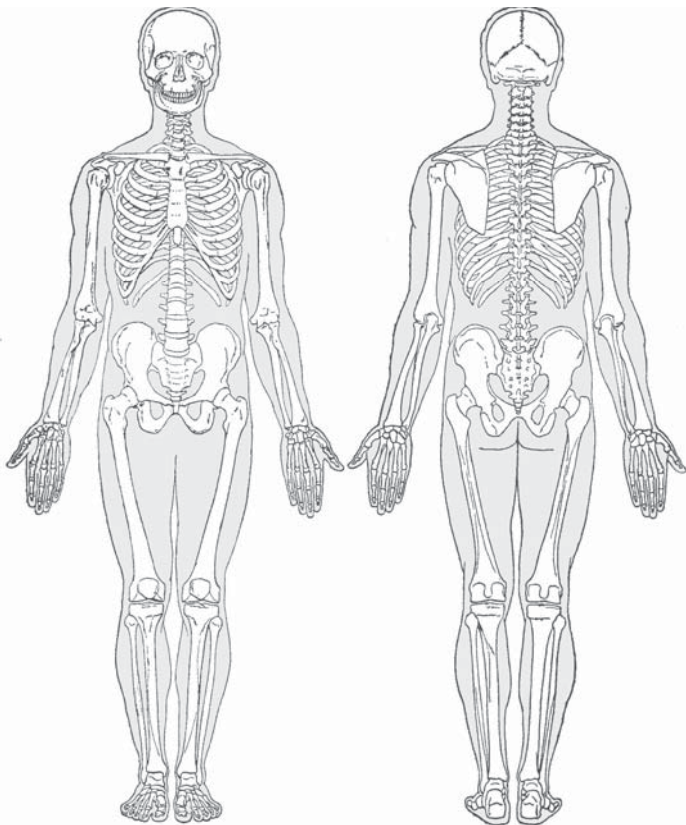
Treatment:

Outcome:  
\_\_\_\_/10

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Focus:  
Observations:  
\_\_\_\_/10



Treatment:

Outcome:  
\_\_\_\_/10

Signature: \_\_\_\_\_