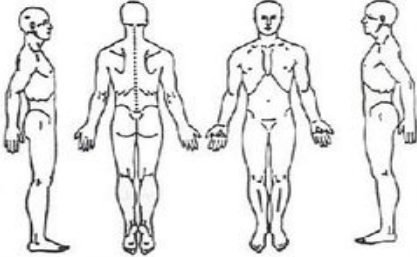
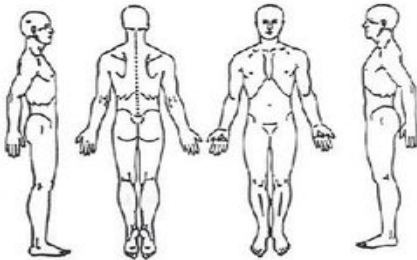


Client Name _____



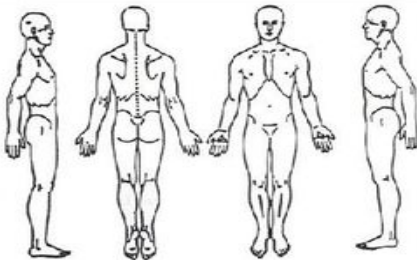
Date _____ Session # _____

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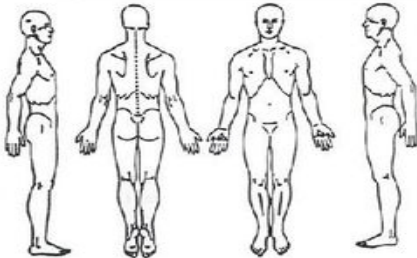
Date _____ Session # _____

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Date _____ Session # _____

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A: _____
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Date _____ Session # _____

S: _____
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A: _____
P: _____

Final Notes: _____