

Intake form - treatment of scar tissue

First name:

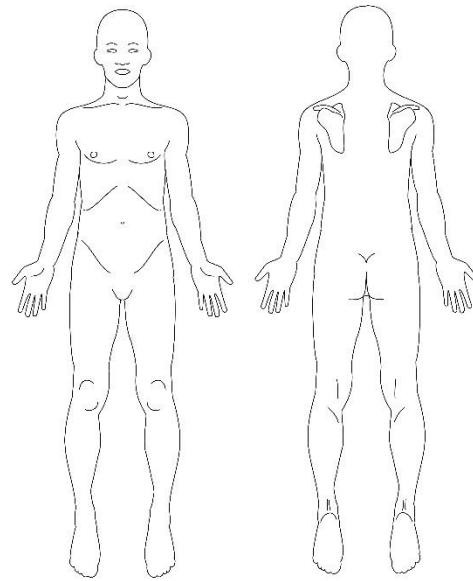
Age:

Type of scar: surgery, trauma, burn, other:

When was the scar acquired:

Scar acquired by: surgery trauma burn other:

Where do you have scars? Describe or point out on drawing:



1. What does the scar feel like to touch?

2. Do you feel any emotional response by touching the scar? Yes/No
If the answer is 'no', go to question 6.

3. What kind of emotion do you feel by touching the scar?

4. Do you feel any emotional response by simply thinking about the event that created the

scar? Yes/No

5. On a scale of 0 - 10 rate the strength of that emotional response.
0 = no emotional response, 10 = extremely strong emotional response.)
Please circle the number 0 1 2 3 4 5 6 7 8 9 10

Post treatment evaluation – Scar treatment number 1

6. What physical changes did you note (if any) **during** the treatment?

7. What physical changes did you note (if any) **after** the treatment?

8. During the treatment did you experience any flashback or memory recall of the event that created the scar? Yes/No

9. Now the treatment session is completed, do you experience any emotional response by **touching** the scar? Yes/No

10. Now the treatment session is completed do you experience any emotional response by **thinking** about the scar? Yes/No

11. If you answered YES to question 9 or 10, describe what emotions you feel.

12. On a scale of 0 - 10 rate the strength of that emotional response.
0 = no emotional response, 10 = extremely strong emotional response.
Please circle the number 0 1 2 3 4 5 6 7 8 9 10

13. Do you have any other observations or comments about the treatment?

Post treatment evaluation – Scar treatment number 2

Date of second treatment:

14. How does the physical scar feel?

15. Do you feel any kind of emotion by touching the scar? No/Yes:

16. Do you also feel an emotional response simply by thinking about the event that created the scar? No/Yes:

17. On a scale of 0 - 10 rate the strength of that emotional response.
0 = no emotional response, 10 = extremely strong emotional response.
Please circle the number 0 1 2 3 4 5 6 7 8 9 10

18. Any other comments or observations about your treatment?

Practitioner observations and comments plus pictures: