

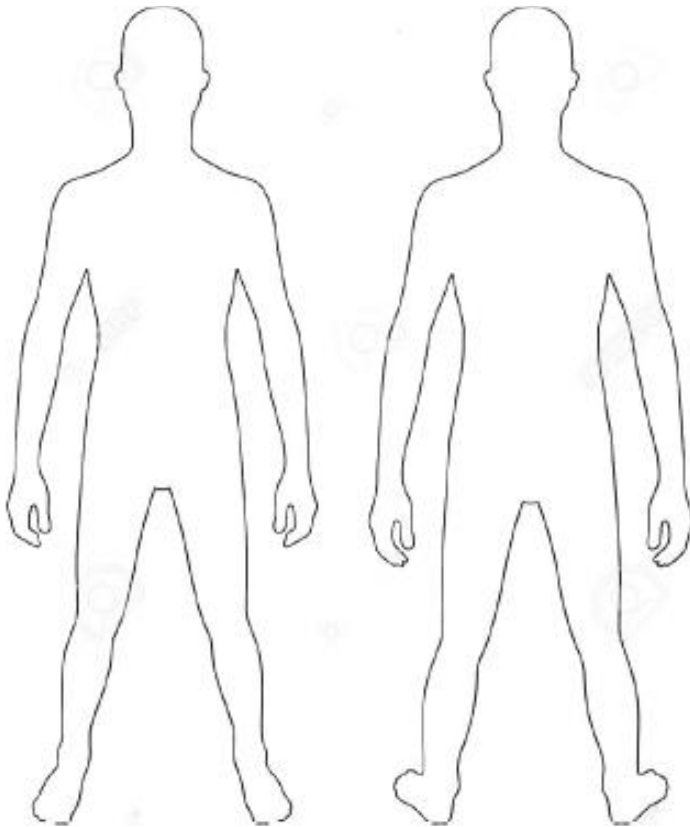
# Pre-Treatment Client Evaluation Form for MSTR®



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

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Indicate as closely as possible the location of the scar/scars to be treated.



1. When/what year was the scar acquired?

2. How/why was the scar acquired?

3. What does the scar feel like to touch? (prickly, numb, etc.)

4. On the scale of 1-10, rate physical sensation/discomfort in the scar/scar area (on average).

1   2   3   4   5   6   7   8   9   10

5. Do you feel any particular emotions when you touch the scar? (actually touch the scar before you answer this question) YES or NO. What kind of emotion do you feel by touching the scar? (anger, fear, dread, etc.) Explain:
6. Do you feel any emotional response by simply thinking about the event that created the scar? In other words, do you have any emotions related to the story of the scar?(sit and think for a moment before answering this question) YES or NO. Explain:
7. On the scale of 1-10, rate emotional sensation/discomfort in the scar/scar area (on average).
- 1    2    3    4    5    6    7    8    9    10
8. Is there anything else you would like to tell me about your scar before we begin treatment?

