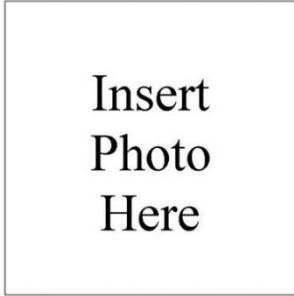


**MY CLIENT'S STORY**

NAME: \_\_\_\_\_

DIAGNOSES: \_\_\_\_\_

\_\_\_\_\_



DATE: \_\_\_\_\_

Typical Day: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest Functioning abilities: \_\_\_\_\_

\_\_\_\_\_

What he/she enjoys (persons/food/activities etc.) the most: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What he/she dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Words or Behavior to describe pain: \_\_\_\_\_

\_\_\_\_\_

Significant life event in past year: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Signature of DSW