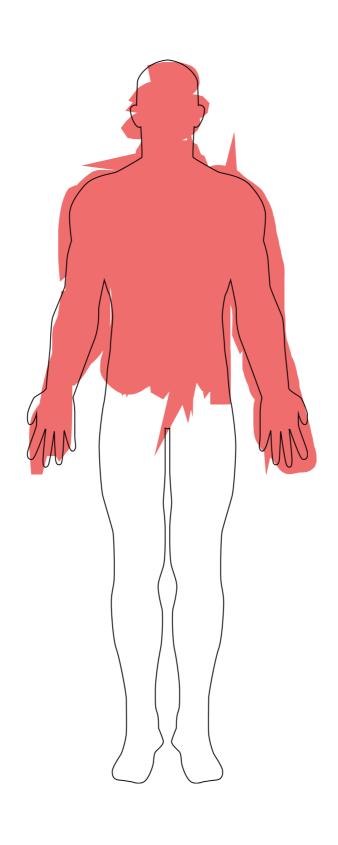
## **Body Map Emotions Worksheet**

Date:		
Name:	Date of birth:	Gender:

Medical history (if needed):



Locations on the body
Physical sensations
Emotions
Notes (analysis, discussion, next steps, etc.)