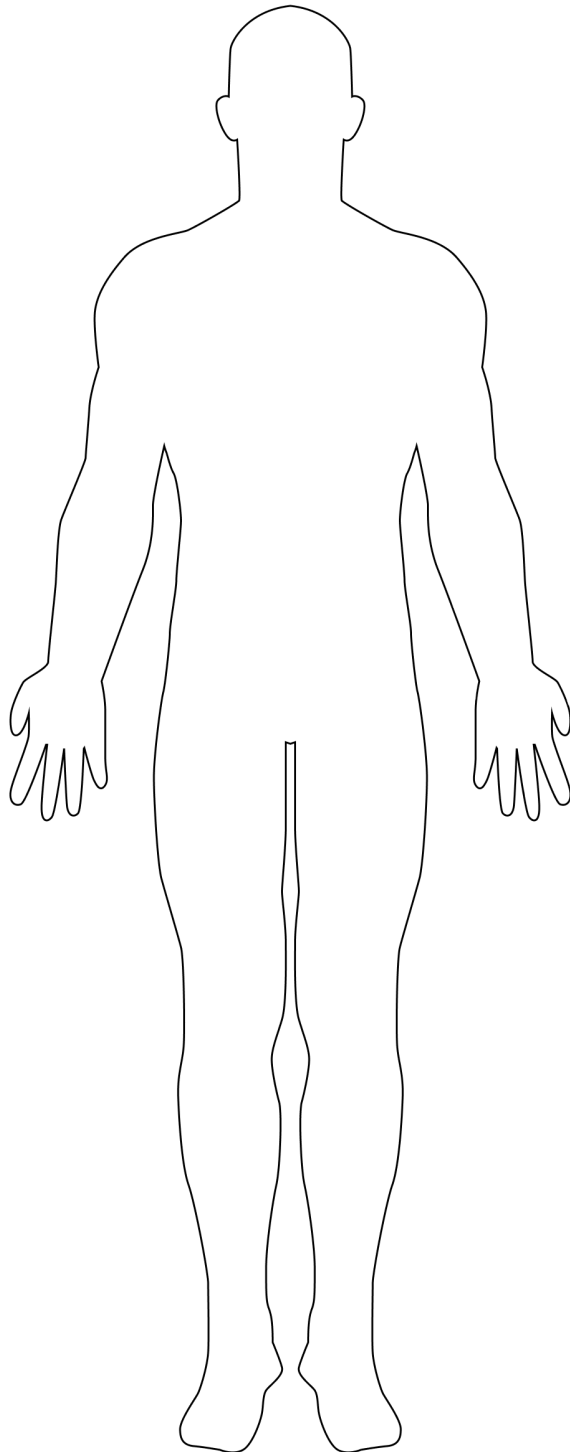


Body Map Emotions Worksheet

Date: _____

Name: _____ Date of birth: _____ Gender: _____

Medical history (if needed):



Locations on the body

Physical sensations

Emotions

Notes (analysis, discussion, next steps, etc.)