

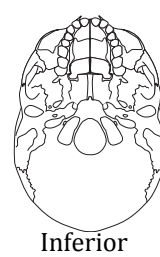
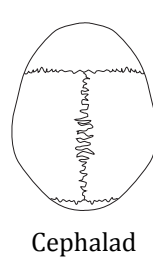
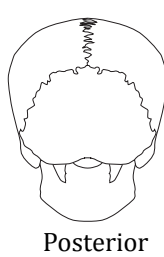
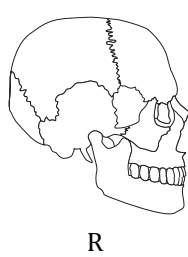
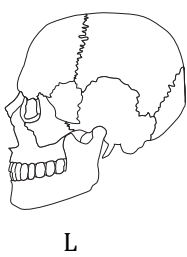
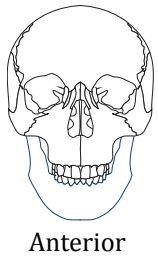
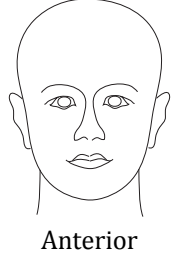
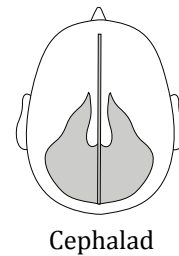
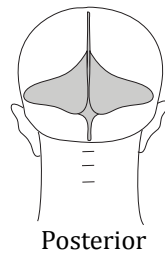
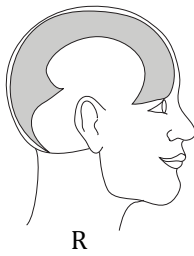
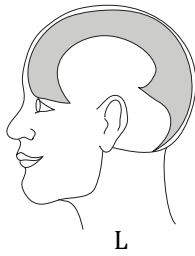
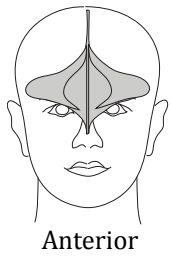
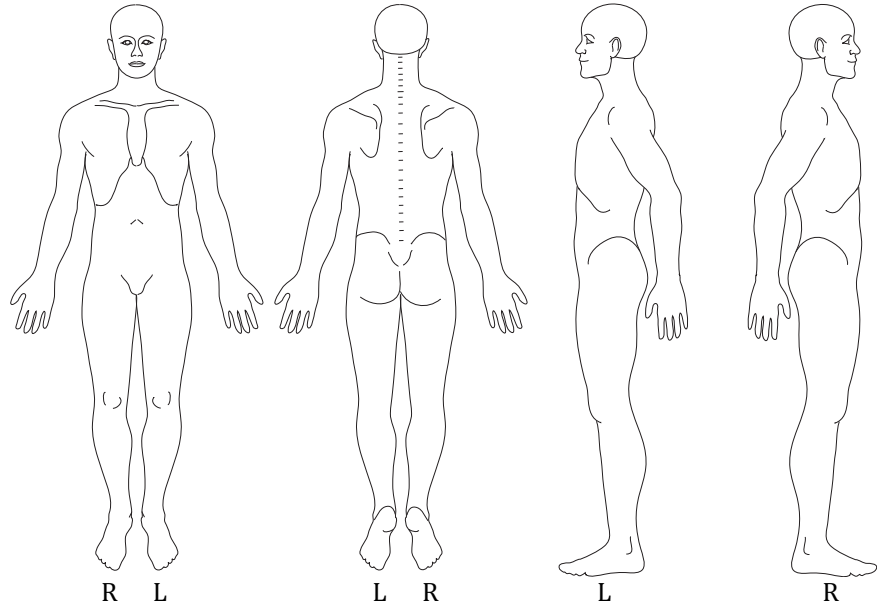
# CranioSacral Therapy Session Notes

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

Client's Name: \_\_\_\_\_

Session Time: \_\_\_\_\_

Practitioner's Name: \_\_\_\_\_



S.

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O.

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A.

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P.

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