Client Timeline

Events: *Identify any issues starting in utero for the Mother*. Trauma--emotional or physical. Medical interventions including surgery, dental procedures, vaccinations (including flu shot), prescription or routine use of Over the counter (OTC) drugs, drugs used in delivery. Exposure to occupational/environmental hazards. Beginning/end of school, jobs. Career changes. Re-locating. Partnership or relationship changes. Birth of children or siblings. Financial stress. Events in a loved one's life, which impact the client. Loss of loved ones/pets.

Responses/Reactions: Grief. Humiliation. Sleeplessness. Sleepiness. Hyperactivity. Depression. Eating Disorders. Overexertion. Anger. Jealousy. Panic-attacks. Pain. Mental or Physical changes/illness—minor or major.

Name: **Date of Birth:**

Events Column (Trauma, Surgery, Medicine, Vaccination etc.)	*Age*	*Reactions/Responses Column (Mental/Emotional/Physical Symptoms, disease, etc)*
	Conception	
	Delivery/Birth	

Client Timeline