

Eagala Session Note

Date:	Time/Duration:	Session #:
Client initials/number:	Individual/Group/Family Total number of clients: _____	
Location: <ul style="list-style-type: none"> <input type="checkbox"/> indoor arena <input type="checkbox"/> outdoor arena <input type="checkbox"/> small paddock <input type="checkbox"/> round pen <input type="checkbox"/> big pasture <input type="checkbox"/> stall <input type="checkbox"/> Other _____ 	Treatment team: <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Professional: _____ <input type="checkbox"/> Equine Specialist Professional: _____ <input type="checkbox"/> Other Specialized Professional: _____ 	
Weather:		
Horses (Metaphors given):		
Equipment/Symbols (Metaphors given):		
SPUd/Themes:		
Plan for next sessions:		

Signature of Mental Health Professional

Signature of Equine Specialist