

# Sensory Belt™

*Increase Your Awareness Today!*

## Therapy Documentation Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Comments while wearing the Sensory Belt.								Comments before wearing the Sensory Belt.
Date:	Belt 4/6/8	Standing	Walking (Ambulation)	Sitting (Chair or Floor)	Four Point (Quadruped)	Half Kneel or Tall Kneel	Effective in Calming	Comments
							Yes / No	
							Yes / No	
							Yes / No	

The *Therapy Documentation Form* is designed to assist therapists in documenting treatment progress. If you have any recommendations on how we might be able to make this form more user friendly, please send an email with your comments to [service@sensorybelt.com](mailto:service@sensorybelt.com).