

Dissociative Table Technique (Inner Organization Plan)

Name: _____ DOB: ____/____/____ Age: _____

File#: _____ Intake Date: ____/____/____
Session Date: ____/____/____

Presenting

_____	_____	Center – Ego (ISH) Yes ☐ No ☐ Co-Conscious Yes ☐ No ☐	_____	_____
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Others

Others

Therapist Notes:

D.E.S II Score _____ MID Assessment: _____ Ego-State _____