Negative Emotions List

CLIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____

Address:

Phone Number: _____ Email Address: _____

Date of Consultation: _____ dd / mm / yyyy

Emotion: _____

Description: [Describe the characteristics and manifestations of the emotion]

Triggers: [Identify common triggers or situations that may evoke this emotion]

Coping Strategies: [Suggest techniques or activities to manage or alleviate this emotion]

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