

Client Name: _____

Please create a DATED timeline below (estimated year or age is good) that reflects your life's progression in terms of:

- Significant life events (births, deaths, accidents, traumas, etc.)
- Surgeries
- Medications taken (include start and end date if applicable)
- Vaccines taken
- Anything else you feel is relevant to your life.

If you need more space, continue below or on the reverse.
