



Refresh Period: _____ (_____ to _____)

Alignment: _____

Journal

Augments / Notes

Sleight, Spell, & Stunt Masteries

Name Tier Rank

SPELL RANGES

Vigor	Type	Distance
—	Away	30 FT
+2	Far	60 FT
+4	Very Far	100 FT

SPELL OUTPUTS

	+1 Vigor	+2 Vigor	+3 Vigor
Fork	2 Targets	3 Targets	4 Targets
Burst	5 FT	10 FT	15 FT
Cone	10 FT	20 FT	30 FT
Line	15 FT	30 FT	45 FT
Chain	20 FT	40 FT	60 FT

Sleights, Spells, and Stunts

Name Speed Vigor DC Mastery Tier Effect

Size			
Scale			
Build		Weight	
Stature		Height	

Movement
_____ +5FT x d

Conditions			
+/-	Duration	Expression	Aspect & Form

Talents & Other Features	
Uses	Description

Donned Armor		
Name		
Grade	FA	FB
Type	IA	IB
Subtype	RA	RB
Other		

Wielded Weapons			
Name (Primary)			
Grade	Hit	Dmg	S&D
Mastery	Range		
Other	Projectiles		
Name (Secondary)			
Grade	Hit	Dmg	S&D
Mastery	Range		
Other	Projectiles		

Defensive Mastery			
Name	Type	Tier	Rank

Weapon Mastery			
Name	Type	Tier	Rank

THP

AP

Body

Will

Temp.

Vigor

Neo
Odyssey

Perception: _____

Health

TOU

Athletics

Balance

Hunting

Vigor

AGI

Evasion

Pilfering

Spellcraft

Mastery

FOC

Investigation

Linguistics

Training

Tricks

REA

Alchemy

Artistry

Crafting

Rituals

BEL

Divination

Medicine

Religion

Connections

COO

Influence

Performance

Society

Personal

Inspiration

Reputation

Lawful

Unlawful

Fame

Infamy

Lawful

Orderly (Fame)

Disorderly (Infamy)

Unlawful

Moral (Fame)

Immoral (Infamy)

Promise

Inspiring Tasks

Tricks

Name

Description

Connections

Description

Languages

Name

Family

Complex Task

Type

Curr.

Next

Last*

Reward

Notes

Practice

Story Items

<u>Heirloom</u>



Outfit

Head	☐	Name	
Waist	☐	Name	
Feet	☐	Name	
Acc.	☐	Name	
Acc.	☐	Name	
Acc.	☐	Name	
Acc.	☐	Name	

Inventory

[illegible]

Rituals

Name	Restrictions	Components	Description

Notes

Patient Information	
First Name	
Last Name	
Address	
City	
State	
Zip	
Phone	
Insurance	
Physician Information	
Physician Name	
Physician Address	
Physician City	
Physician State	
Physician Zip	
Physician Phone	
Physician Insurance	
Referral Information	
Referral Number	
Referral Date	
Referral Type	
Referral Reason	
Referral Status	
Referral Notes	



Description



Director: _____

Campaign: _____

Started On: _____

Notes

Highlights

Mission

Campaign Notes