

Treatment notes for: _____

Date: _____ Time: _____ am pm Duration: _____ min./hr. Fee \$ _____

Informed consent received: treatment assessment Therapist: _____

Techniques Used:

- Swedish frictions deep facial trigger points stretch intra-oral
 breast massage hydrotherapy joint mobilization grade: _____ other (list) _____

Areas Treated:

- back neck shoulders face arm L R leg L R
 hip area abdominals chest breast other (list) _____

Clinical findings:

Clients reaction / feedback:

Recommended Self-Care:

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