Treatment notes for: ____________________________________________

Date:___________ Time:________ am pm  Duration:_________min./hr.  Fee $______

Informed consent received: treatment assessment  Therapist: ______________________

Techniques Used:  
- Swedish frictions  
- breast massage  
- hydrotherapy  
- deep facial  
- joint mobilization  
- trigger points  
- grade: _____  
- stretch  
- intra-oral  
- 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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Clinical findings:
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Clinical findings:
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_____________________________________________________________________________________________

Clients reaction / feedback:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Recommended Self-Care: