	Treatment Record - Strictly Confidential
Name:	Date of Treatment:
Symptoms/	
feedback from	
previous treatment:	
Pain & Stress	Pain: 0 1 2 3 4 5 6 7 8 9 10
Rating:	
	Stress: 0 1 2 3 4 5 6 7 8 9 10
The following massa	ge techniques may be used during your treatment (✓ those that apply):
The following massa	Se techniques may be used during your treatment (* those that apply).
Sports/Remedial:	Deep Tissue: Holistic/Relaxation: Thai Yoga: Lymphatic:
Trigger Point:	MET: Mobilisation: PSTR/ASTR: Energy work:
ST general:	Other:
Client's Signature: (Guardian
or Representative)	Date:
	that the information i have provided is correct and I have not withheld any information that may be
	the treatment. I further understand that Massage and Bodywork is not a substitute for medical
	sis, or treatment, and that I should seek the advice of my General Medical Practitioner or other
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1	ecialist for any condition of which I am aware. I understand massage therapists are not qualified to
	eletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said reatment or consultation should be construed as such.
in the course of the t	reatment or consultation should be construed as such.
	Change to Client Record? Yes No Signed Off? Yes No
Oh	Change to Client Record? Yes No Signed Off? Yes No
Observation,	
Testing & Palpation:	
raipation.	

Working	
Hypothesis:	
Trypotnesis.	
Tuestusent	
Treatment:	
Products used:	
Post Treatment	
Notes:	
Aftercare:	ICE (instruction sheet provided)
Artereare.	_
	Heat (instruction sheet provided)
	PRICE
	Hydration
	Strapping/Taping Strapping
	Rest
	Other:
	Referrals:
	Exercises:

