CLINICAL RECORD

NEW CLIENT ☐ Date_____

Name_____

Reason for
Massage_____

Under doctor's care ____ Age _____ Occupation _____

Activity choice, frequency_____

Diagnosed conditions: _____

Medications/Other Therapies_____

Body Talk Now In the past two months

Coaching Client: BP, weight, current reported state, witnessed state, notes

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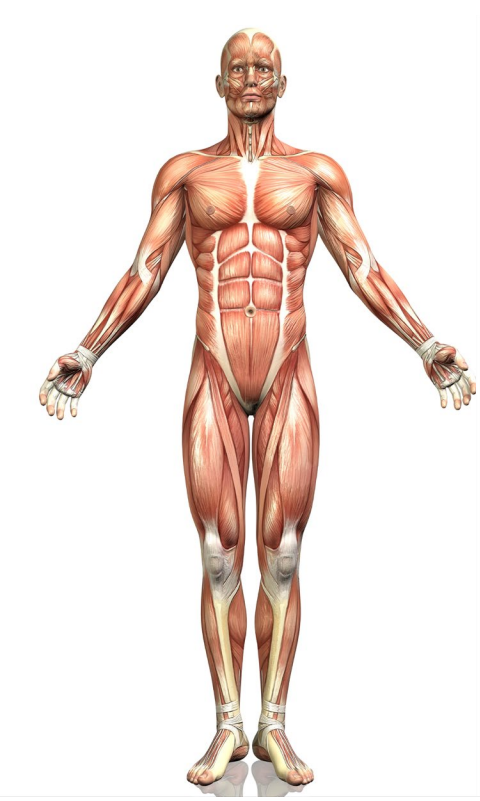
Therapist Notes: Skin, Techniques, Awareness, Plan



We encourage, request, appreciate, and benefit from your constructive comments. Anything that you have noticed (especially "small details") can help the Technician improve.

1. How satisfied are you with the session you received?

2. How well do you feel the therapist addressed your specific needs?

3. What did you like the most about this session?

4. Was there anything at all that made you feel uncomfortable? How can this be avoided?

5. Were there any techniques/procedures you feel could use improvement?

6. Do you have any other feedback or observations for your therapist?