



Name: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Current needs: \_\_\_\_\_

**Client Goals / Update**

Education / Symptoms / Intensity / Frequency / Duration / Onset

Aggravating / Relieving Circumstances Regarding Activities of Daily Living

Hyper tonicities – Intensity, Visual / Palpable Observations, Additional Tests

**TREATMENT GOALS**

**MASSAGE**

Changes Due to Massage

Suggested Treatment Plan

Homework

\_\_\_\_\_

Adhesion	○	Pain	Rotation
Trigger Point	⚙	Inflammation	∕ Elevation
Tender Point	⚡	SPASM	Hypertonicity