

Client Name _____ Date _____

Therapist Name _____ Duration Of Treatment _____

SUBJECTIVE

Intensity of pain: (circle one)

1 2 3 4 5 6 7 8 9 10

Sensation of pain:

- Dull
- Sharp
- Tender
- Itching
- Cramping
- Throbbing
- Tingling
- Stiff
- Other _____
- Cold
- Burning
- Aching
- Sensitive
- Radiating
- Shooting
- Pressure

Time pattern of pain

- Constant (pain does not change)
- Intermittent (intensity doesn't change but comes & goes)
- Variable (intensity changes throughout the day)

When did the pain start:

Was there a specific incident that cause this pain?

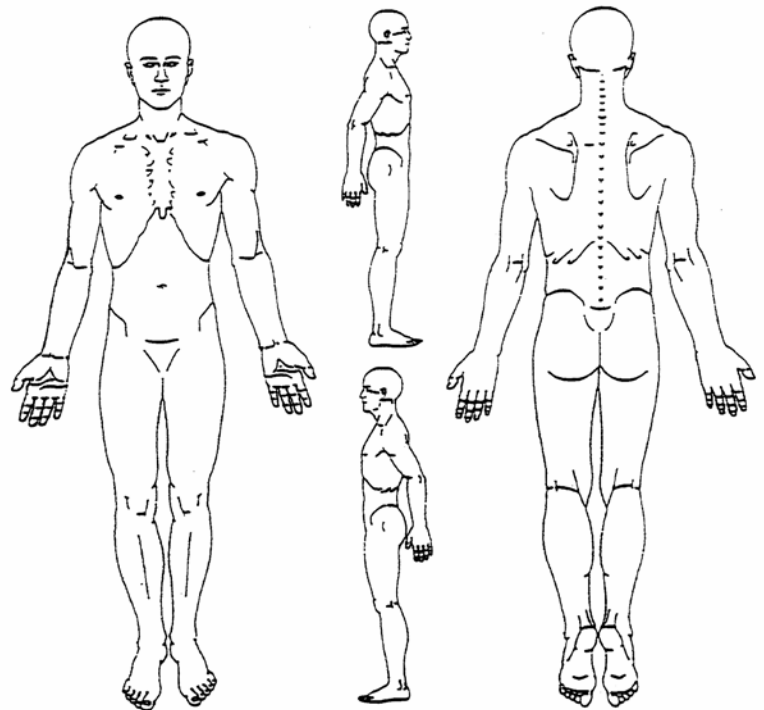
- Motor vehicle accident
- Slept funny
- Sports/exercise
- Other _____
- Fall
- Work related

Pain/discomfort is brought on or made worse by...

Pain/discomfort feels better with...

Primary area of pain:

- Adhesion
- Rotation
- Pain
- Tender Point
- Hypertonicity
- Spasm
- Inflammation
- Trigger point
- Elevation



Does this pain prevent you from participating in...

- Work
- Sports/exercise
- Other _____
- Leisure activities
- Sleep

Have you seen other practitioners about this issue?

- Massage therapist
- Chiropractor
- Other _____
- Physical therapist
- Physician

OBJECTIVE

POSTURE ASSESSMENT

Spine

- Normal
- Lordosis [mild moderate severe]
- Kyphosis [mild moderate severe]
- Scoliosis [mild moderate severe]

Pelvis

- Normal
- Tilt [mild moderate severe]
- Twist [mild moderate severe]
- Protract [mild moderate severe]
- Retract [mild moderate severe]

Shoulders

- Normal
- Tilt [mild moderate severe]
- Twist [mild moderate severe]
- Protract [mild moderate severe]

RANGE OF MOTION

Area _____

- Full range Moderate restriction
- Slight restriction Severe restriction

Area _____

- Full range Moderate restriction
- Slight restriction Severe restriction

PALPATION

Area _____

- Tension [mild moderate severe]
- Texture [pliable adhesive fibrotic]
- Tenderness [mild moderate severe]
- Temperature [normal increased decreased]

Area _____

- Tension [mild moderate severe]
- Texture [pliable adhesive fibrotic]
- Tenderness [mild moderate severe]
- Temperature [normal increased decreased]

TREATMENT

Informed consent received

Areas treated

- Back Abdominals
- Neck Chest
- Shoulders Face
- Feet Arms
- Hip area Legs
- Other _____

Techniques used

- Swedish Reflexology
- Deep tissue Trigger points
- Hot stone Stretching
- Intra-oral Hydrotherapy
- Shiatsu Thai massage
- Other _____

ASSESSMENT

How did the client respond to treatment?

PLAN

Treatment plan and self-care recommendations:
