

TREATMENT PLANNING FORM

CLIENT INFORMATION		Date:
NAME		<u> </u>
NOTES		
Total number of areas to be treated:	Total cost of treatment:	

reatment No:	Date:	Weight:
	Treatment led by:	
	Pre-treatment photos taken?	P □ Yes □ No
	Treatment start time:	End time:
ANVA	Site #1: ☐ Wing type	□ Flat type
	Cooling:/4 Suction: _	
	Site #2: ☐ Wing type	□ Flat type
	Cooling:/4 Suction: _	
☐ Post-treatment massage	☐ Post-treatment p	
Freatment comments/observat	ions:	
follow-up comments/observat	ions:	
Follow-up comments/observat	ions: Date:	Weight:
·	Date:	Weight:
·	Date:	
·	Date: Treatment led by:	Yes 🗆 No
·	Date: Treatment led by: Pre-treatment photos taken?	Yes □ No
·	Date: Treatment led by: Pre-treatment photos taken? Treatment start time:	Yes □ No Lend time: □ Flat type
·	Date: Treatment led by: Pre-treatment photos taken? Treatment start time: Site #1: □ Wing type	P
·	Date: Treatment led by: Pre-treatment photos taken? Treatment start time: Site #1: Wing type Cooling:/4 Suction:	P Yes No End time: Flat type Flat type Flat type
·	Date: Treatment led by: Pre-treatment photos takens Treatment start time: Site #1: Cooling:/4 Suction: Site #2:	P

eatment No:	Date: Weight:
JE JE	Treatment led by:
1	Pre-treatment photos taken? ☐ Yes ☐ No
	Treatment start time: End time:
	Site #1: ☐ Wing type ☐ Flat type
	Cooling:/4 Suction:/4
	Site #2: ☐ Wing type ☐ Flat type
	Cooling:/4 Suction:/4
☐ Post-treatment massage	☐ Post-treatment photos taken
Freatment comments/obse	ervations:
ollow-up comments/obse	
Follow-up comments/obse	rvations: Date: Weight:
Follow-up comments/obse	
ollow-up comments/obse	Date: Weight:
Follow-up comments/obse	Date: Weight:
Follow-up comments/obse	Date: Weight: ☐ Freatment led by: ☐ Pre-treatment photos taken? ☐ Yes ☐ No
Follow-up comments/obse	Date: Weight: Freatment led by: Pre-treatment photos taken? ☐ Yes ☐ No Freatment start time: End time:
Follow-up comments/obse	Date: Weight: Freatment led by:
Follow-up comments/obse	Date: Weight: Freatment led by:
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