

## TREATMENT PLANNING FORM

### CLIENT INFORMATION

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

NAME \_\_\_\_\_

NOTES \_\_\_\_\_  
\_\_\_\_\_

Total number of areas to be treated: \_\_\_\_\_

Total cost of treatment: \_\_\_\_\_

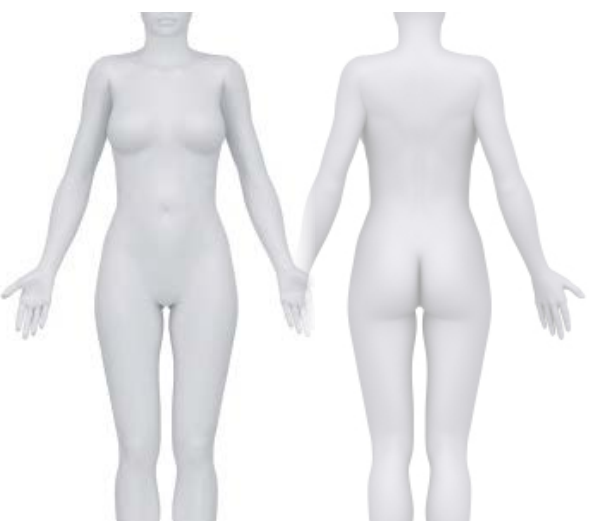


Name: \_\_\_\_\_

Treatment No: \_\_\_\_\_

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

Weight: \_\_\_\_\_



Treatment led by: \_\_\_\_\_

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

Treatment comments/observations: \_\_\_\_\_

Follow-up comments/observations: \_\_\_\_\_

Treatment No: \_\_\_\_\_

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

Weight: \_\_\_\_\_



Treatment led by: \_\_\_\_\_

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

Treatment comments/observations: \_\_\_\_\_

Follow-up comments/observations: \_\_\_\_\_

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

Treatment No: \_\_\_\_\_

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

Weight: \_\_\_\_\_



Treatment led by: \_\_\_\_\_

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

Treatment comments/observations: \_\_\_\_\_

Follow-up comments/observations: \_\_\_\_\_

Treatment No: \_\_\_\_\_

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

Weight: \_\_\_\_\_



Treatment led by: \_\_\_\_\_

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

Treatment comments/observations: \_\_\_\_\_

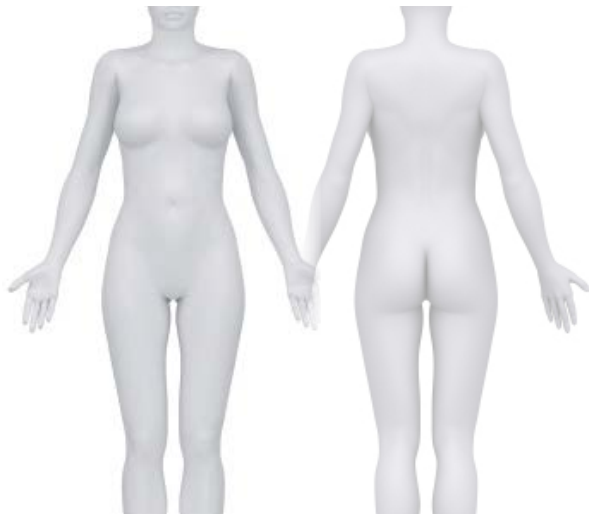
Follow-up comments/observations: \_\_\_\_\_

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

Treatment No: \_\_\_\_\_

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

Weight: \_\_\_\_\_



Treatment led by: \_\_\_\_\_

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

Treatment comments/observations: \_\_\_\_\_

Follow-up comments/observations: \_\_\_\_\_

Treatment No: \_\_\_\_\_

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

Weight: \_\_\_\_\_



Treatment led by: \_\_\_\_\_

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 M

Post-treatment massage

Post-treatment photos taken

Treatment comments/observations: \_\_\_\_\_

Follow-up comments/observations: \_\_\_\_\_