

TREATMENT PLANNING FORM

CLIENT INFORMATION

NAME _____

Date: _____

NOTES _____

Total number of areas to be treated: _____

Total cost of treatment: _____



Name: _____

Treatment No: _____

Date: _____

Weight: _____

Treatment start time: _____ End time: _____



Site 1:

- Straight HP
- Tight HP
- Curved Hp
- Double HP
- Oval HP
- Tiny HP
- Oval Curve HP
- Delta HP
- Tiny Curve HP

Site 2:

- Straight HP
- Tight HP
- Curved Hp
- Double HP
- Oval HP
- Tiny HP
- Oval Curve HP
- Delta HP
- Tiny Curve HP



Site 3:

- Straight HP
- Tight HP
- Curved Hp
- Double HP
- Oval HP
- Tiny HP
- Oval Curve HP
- Delta HP
- Tiny Curve HP

Site 4:

- Straight HP
- Tight HP
- Curved Hp
- Double HP
- Oval HP
- Tiny HP
- Oval Curve HP
- Delta HP
- Tiny Curve HP

Post-treatment massage Post-treatment photos taken

Treatment comments/observations: _____

Follow-up comments/observations: _____

Treatment led by: _____ Pre treatment photos taken? Yes No
