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...

_____

_____

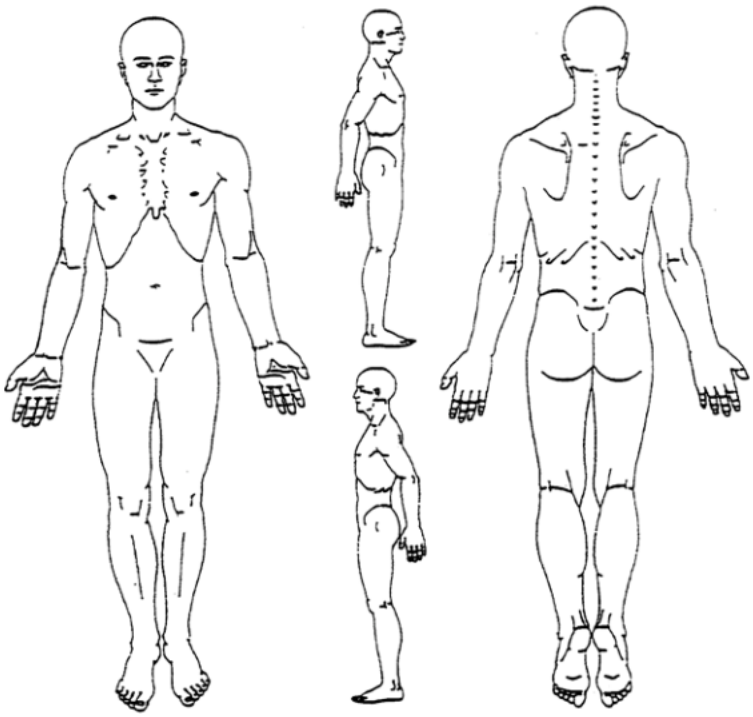
Pain/discomfort feels better with...

_____

_____

Primary area of pain:

- ✘ Adhesion
- ↻ Rotation
- ○ Pain
- • Tender Point
- ≡ Hypertonicity
- ≈ Spasm
- ☼ Inflammation
- ৩ 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:

_____

_____

_____