CLIENT FILE

Business Logo

CLIENT TREATMENT FORM

NAME: _____ LOCATION: _____

DATE: _____ TIME: _____ DURATION: _____

UPDATE

Review Client History Form (N/A if new client) / Reason for visit / Discussion of treatment plan

☐ Client consent given for treatment plan discussed with client

_____

_____

_____

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_____

TREATMENT

Type of treatment performed on the client and body areas included

_____

_____

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_____

OBSERVATIONS

Areas of tension, relaxation response and overall success of treatment

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FOLLOWUP

Feedback from Client / Recommendations from Massage Therapist

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_____

Massage Therapist Signature: _____ Date: _____

SAMPLE