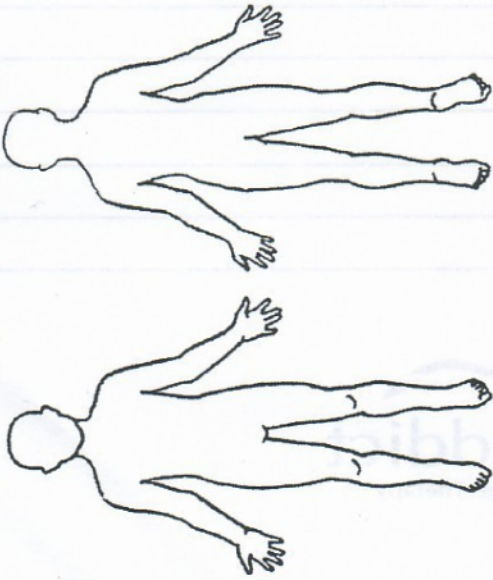


# CLIENTS NAME:



Therapist: \_\_\_\_\_

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

Techniques Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Self Care Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Therapist: \_\_\_\_\_

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

Techniques Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Self Care Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Therapist: \_\_\_\_\_

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

Techniques Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Self Care Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

