

Name: _____

DoB: _____ Date: _____

INTRODUCTORY COMMENTS

How client presented i.e. type of ill or ailment and how you assess it e.g.: hardness, low vitality, sleeplessness, anxiousness, contraction etc:

Client's comments e.g. symptoms and well-being. Treatment by other modalities/medicine. How are they since last treatment if returning.

PRACTITIONER'S NOTES

Treatment given:

Comments:
