

CONFIDENTIAL



Name:	
DoB:	Date:
INTRODUCTOR	Y COMMENTS
How client presented i.e. type of ill or ailment and how yanxiousness, contraction etc:	ou assess it e.g.: hardness, low vitality, sleeplessness,
Client's comments e.g. symptoms and well-being. Tre since last treatment if returning.	atment by other modalities/medicine. How are they
PRACTITIONE Treatment given:	ER'S NOTES
Comments:	

te each visit and comment on their condition and your applied treatment.						