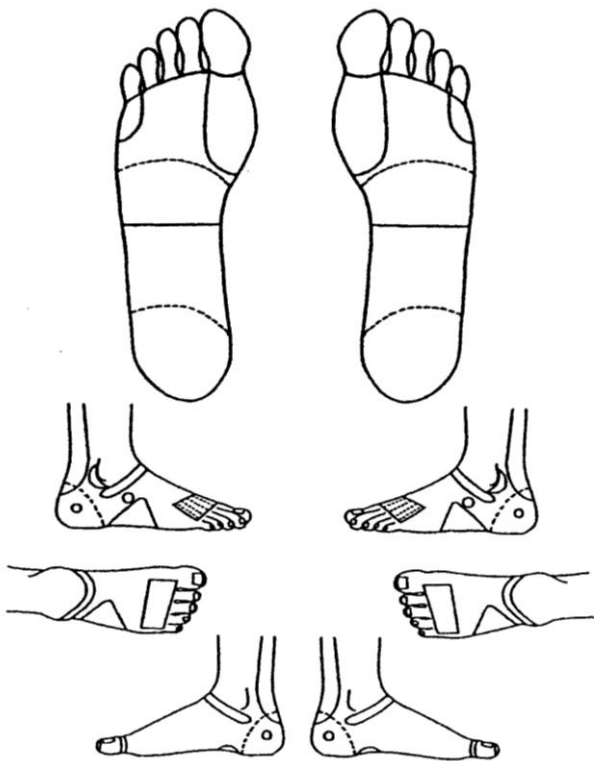


Client Name _____

Session# _____ Date _____

	<u>Felt Last Treatment</u>
	<u>Felt Since Treatment</u>
	<u>Feels Today</u>
	<u>Observations of Client</u>
	<u>Foot Observations</u>
	<u>Right</u>
<u>Left</u>	
<u>Findings during Treatment</u>	
<u>Action Taken</u>	
<u>Results</u>	
<u>Clients Comments</u>	
<u>Final Observations</u>	

