

Inner Smile Success

Do something good for yourself.

Energy Healing
Success Coaching
Massage Therapy

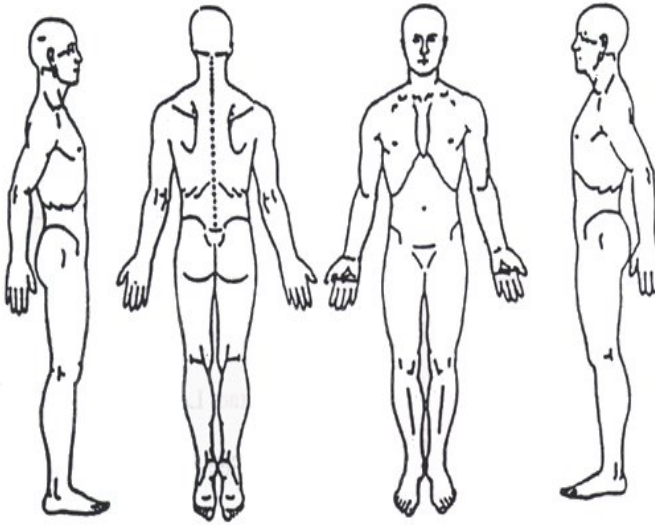
Client Session Notes

Name: _____

Session Date: _____

Subjective: Please state any new symptoms or changes you're your last massage session. How are you feeling today? _____

Please indicate on the diagram below where you are experiencing any stress, pain, or discomfort.



For MT use only.

Objective: Document all of your assessment findings and techniques used: _____

Assessment: Document any changes from today's massage: _____

Plan: Focus of next massage session and homework for client: _____
