

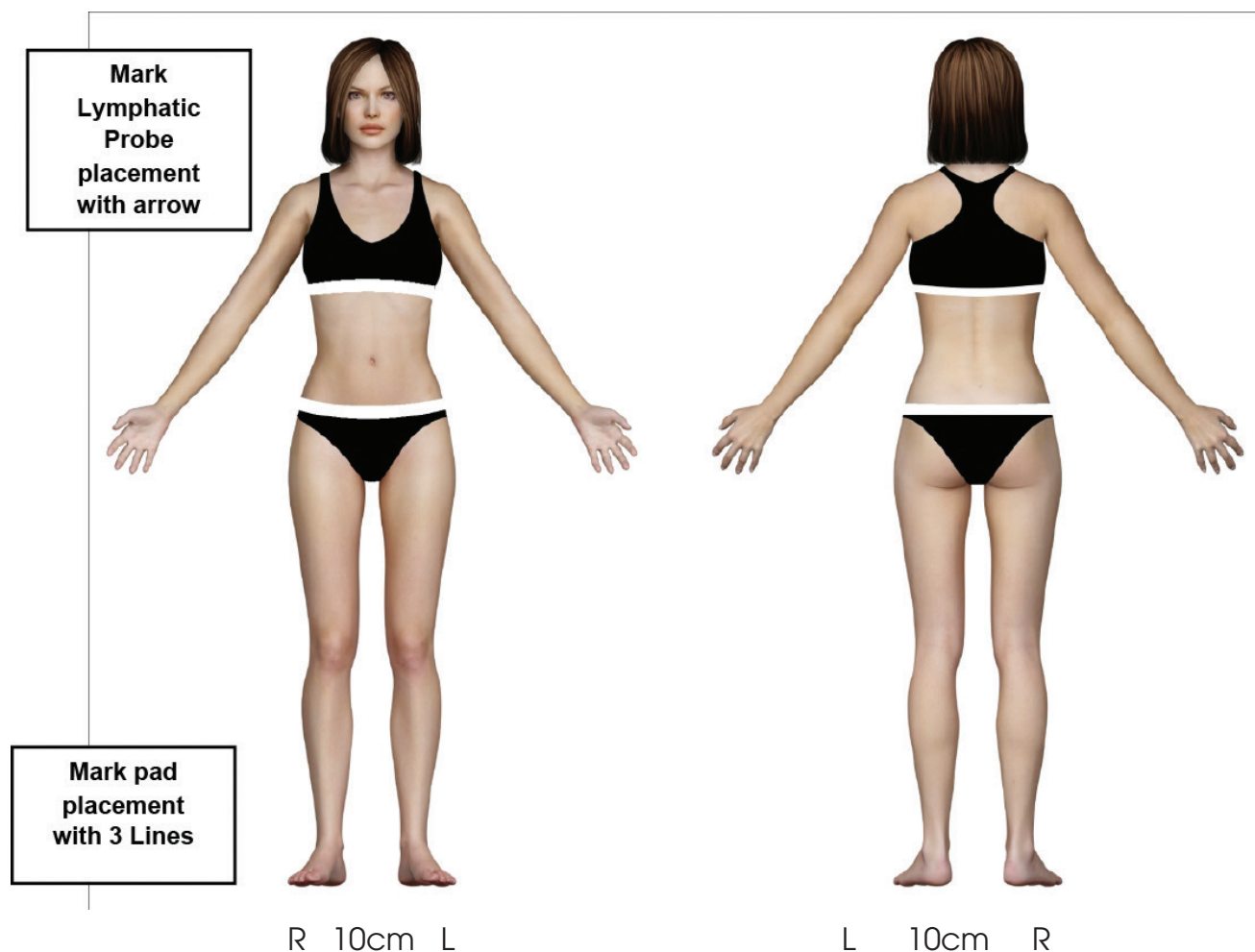
Client Treatment Record



Client Name: _____

Date: _____

Area Treated: _____



Starting Point: _____ Centimetres between measurements: _____

Measurement Details

	Measurement 1 st treatment		Treatment	Measurement 8 th treatment	Treatment	Overall
	BEFORE	AFTER		AFTER		
Top.						
Middle.						
Bottom.						
Total Loss						

Note: Remember to include both right and left measurements for arms and legs.

Comments



Please Tick:

☐ Stomach

☐ Love Handles

☐ Thighs

☐ Knees

☐ Arms

☐ Buttocks

☐ Calves

☐ Muffin Top

1. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

Measure: _____

2. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

3. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

4. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

5. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

6. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

7. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

8. Consultant: _____ Date: _____

Diet: _____

Exercise: _____

Measure: _____

Client treatment record

[illegible]