**PATIENT NAME:** {{Patient\_Name}}

**DOB:** {{Patient\_BirthDate}}

**TREATMENT TYPE:** {{ServiceName}}

**DOCTOR:** {{ServiceProvider\_FullName}}, {{ServiceProvider\_Position}}

**DATE:** {{Appointment\_Date}}

|  |  |
| --- | --- |
| **Informed Consent Received** | {A1} |
| **Affected Daily Activities** | {A2} |
| **Hydro Therapy** | {A3} |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pain Scale** | |  | **Objective Info** | |  | **Areas Treated** | | |  | **Focus of Treatment** | |
| 1 | {B1} |  | Cervical Spine | {C1 |  | Upper Body | | {E1 |  | Stress Reduction Pain | {G1 |
| 2 | {B2} |  | Thoracic Spine | {C2 |  | Lower Body | | {E2 |  | ROM Improve Relaxation | {G2 |
| 3 | {B3} |  | Lumbar Spine | {C3 |  | Full Body | | {E3 |  |  |  |
| 4 | {B4} |  |  |  |  | Back | | {E4 |  |  |  |
| 5 | {B5} |  | **Affected Joints** | |  | Hip Area | | {E5 |  |  |  |
| 6 | {B6} |  | Glenohumeral | {D1 |  | Neck | | {E6 |  |  |  |
| 7 | {B7} |  | Elbow | {D2 |  | Shoulders | | {E7 |  |  |  |
| 8 | {B8} |  | Wrist | {D3 |  | Abdominals | | {E8 |  |  |  |
| 9 | {B9} |  | Hip | {D4 |  | Chest | | {E9 |  |  |  |
| 10 | {B0} |  | Knee | {D5 |  | Face | | {F1 |  |  |  |
|  |  |  | Ankle | {D6 |  | Scalp | | {F2 |  |  |  |
|  |  |  |  |  |  | Arm L or R | | {F3 |  |  |  |
|  |  |  |  |  |  | Leg L or R | | {F4 |  |  |  |
|  |  |  |  |  |  | Other | {EOTHER} | |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Techniques Used** | |  | **Amount of Pressure** | | |  | **Client’s Reaction / Feedback** | |
| Swedish | {H1 |  | Deep Tissue | | {L1 |  | Relaxation | {M1 |
| Thai Oil | {H2 |  | Moderate Pressure | | {L2 |  | Stress Reduction | {M2 |
| Thai | {H3 |  | Light Pressure | | {L3 |  | Muscle Relaxation | {M3 |
| Ashiatsu | {H4 |  |  | |  |  | Increase ROM | {M4 |
| Lymphatic Drainage | {H5 |  |  | |  |  | Pain Reduction | {M5 |
| Stroking | {H6 |  |  | |  |  | Posture Improvement | {M6 |
| Rocking | {H7 |  |  | |  |  | Tension Reduction | {M7 |
| Effleurage | {H8 |  |  | |  |  | Stiffness Reduction | {M8 |
| Petrissage | {H9 |  |  | |  |  |  |  |
| Trigger Point | {K1 |  |  | |  |  |  |  |
| Pressure Points | {K2 |  |  | |  |  |  |  |
| Joint Mobilization | {K3 |  |  | |  |  |  |  |
| Friction | {K4 |  |  | |  |  |  |  |
| Passive Stretching | {K5 |  |  |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment P.T.** | |  | **Recommended Self Care** | |
| IFC | {N1 |  | Heat Packs | {P1 |
| Hot pack | {N2 |  | Cold Packs | {P2 |
| Ultrasound | {N3 |  | Contrast Hydrotherapy | {P3 |
| Soft Tissue Release | {N4 |  | Hot Baths | {P4 |
| Shockwave Therapy | {N5 |  | Self-Massage | {P5 |
| Cold Pack | {N6 |  | Stretching | {P6 |
| Laser | {N7 |  | Diaphragmatic Breathing | {P7 |
| Exercises | {N8 |  | Yoga | {P8 |
|  |  |  | Pilates | {P9 |
|  |  |  | Walking / Swimming / Cycling | {T1 |
|  |  |  | Non-Weight bearing exercise | {T2 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- |
| **Comments / Notes** | {Comments} |