

From the desk of: _____

Client: _____ Date: _____

Recommendations:

- Stretch: 1 2 3 4 5 6 7 8 9 10 Ice: _____ Drink Water
 Expect Soreness In: *See Diagram Below* Next Appt.: _____

Referral For:

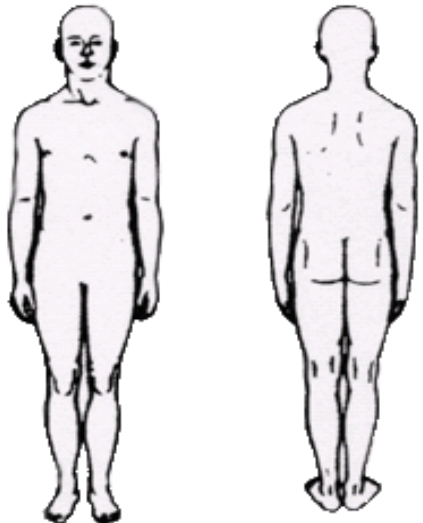
- Consult Exam X-Ray Rehab Nutrition Consult

Referral To:

- Physical Therapist: _____
 Massage Therapist: _____
 Acupuncturist: _____
 Dr. of Chiropractic: _____
 Medical Doctor: _____
 Workshop/Class: _____ Date: _____

SAMPLE

○ - Expect Soreness In
 X - Trigger Point
 ● - Tender Point
 ≈ ≈ - Spasm
 # - Inflammation
 ▲ - Misalignment



Notes: _____

