

TREATMENT PROGRESS NOTES

Date: _____

Therapist Name: _____

Client Reference #: _____ Session # _____

CLIENT COMPLAINTS: *(list, and shade in areas on figures)*

IMPROVEMENTS NOTED: Since last treatment: _____

*****HEIGHT:** Before CSCDR I _____, After CSCDR I _____

Blocking: yes ___ no ___

Quick Release: yes ___ no ___

Cranial/Structural I – Decompression: Regular ___ F/O ___

Cranial/Structural I – CD Release: yes ___ # ___: no ___

Cranial/Structural II: yes ___ # ___: no ___

Cranial/Structural Pattern in Blueprint – CS releases: _____

*****Core Distortion still in Soft Tissue:**

Head/Neck/Shoulder _____, Pelvic Balancing _____, EVM _____

TREATMENT NOTES & OBSERVATIONS: _____

SPECIFIC PROBLEMS NOTED: _____

RESULTS: _____

