

Date: _____

Client Goals

In order to provide you with the best type of therapy to help you achieve your goals, please indicate below your goals for therapy (check all that apply):

- Looking for pain relief from an acute or chronic problem
- Looking for sports performance enhancement
- Looking for relaxing or therapeutic maintenance
- Other: _____

Body Map

Indicate areas of tension with an X
Indicate areas of sensitivity with an O
Degree of Pain 1 (low) - 10 (high) _____

