Transcend Bodywork LLC Session Notes

2700 SE 26th Avenue, Suite C, Portland, OR 97202   phone: 503-407-6046

Client Name:____Date:_______________

Since your last session:

Describe any new injuries or changes in your health, healthcare, or medications:

What care have you received from other providers? When? MD, DO, ND, DC, PT, LAc, LMT, etc.

Describe any noteworthy experience or new self awareness following your last session:

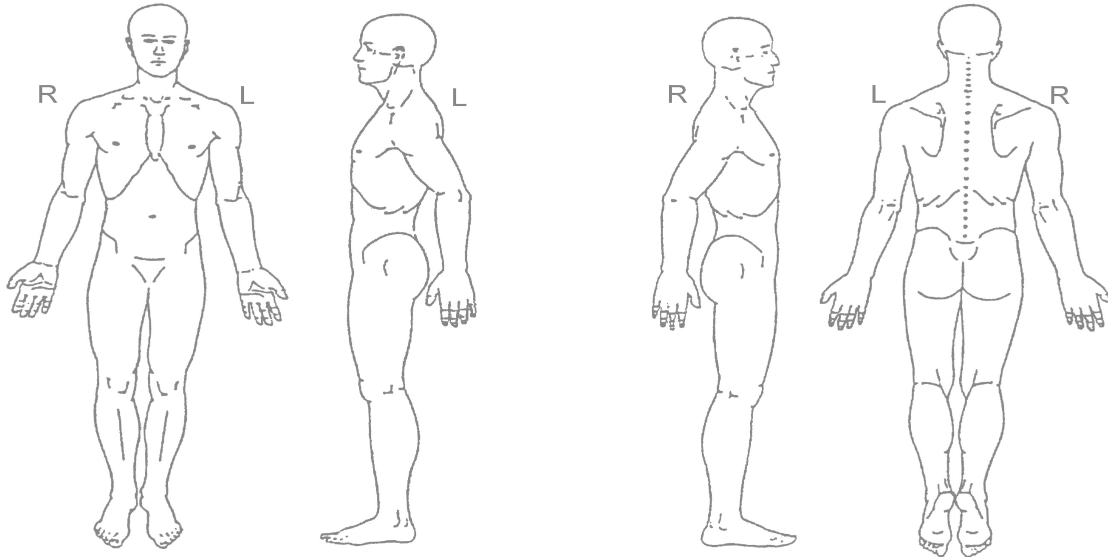
How are you feeling today? Comment on emotional and physical states please.

Mark your Pain Level on this scale:

0 = None, 10 = Maximum

Mark your Stress Level on this scale:

Please mark/draw any areas of discomfort or and/or desired work:



Goal(s): Injury Resolution ____, Pain Resolution ____, Stress Release/Relaxation____, Maintenance____, Performance____, Mobility____, Balance____, Awareness____, Tune in_____, Tune out_____, Not sure_____

Office Use Only:	Tx duration________	Post Tx Pain_______	Post Tx Stress________
Notes:			

Client Signature____