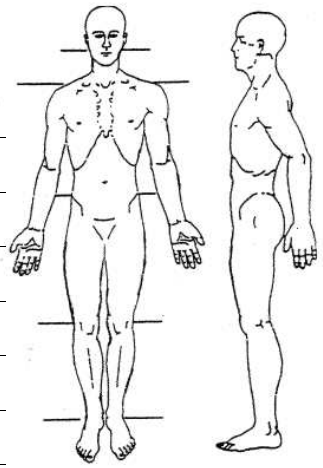
Client Name:_____ Notes:_____

Date:_____ _____

Type of session:_____ Oils:_____

Client goals:_____

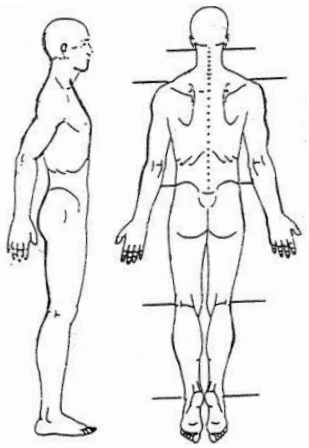
_____



Session notes:

Massage:

MFR:



CSR (SQAR):

Diaphrams:

Occiput: Sacrum:

FR: PAR:

SPH: TMP:

TMJ:

Mouth Work:

Energy Cysts:

SER:

Symbols used:
X–Hypertonicity
O–Pain
✳ Energy Cyst

Client Name:_____ Notes:_____

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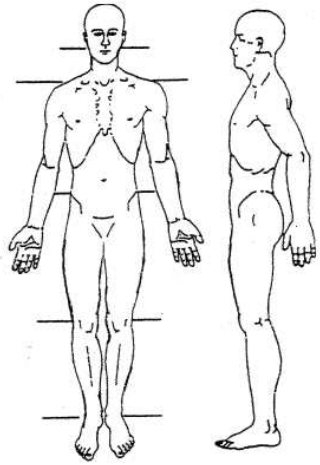

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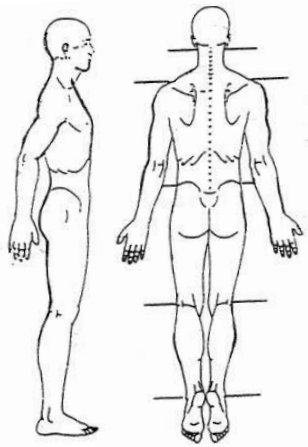

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