

Light Hand Muscle Therapy Center Client Post Session Worksheet

Client: _____

Therapist: _____

Session Date: _____

Next Session

Date: _____

Planned Self Care _____

Please fill out the following in as much detail as possible. Include descriptions of your muscle pain or tension, ease of motion, feelings of nausea or headache, ability to sleep, etc. Anything you notice that has changed for the better or not, whether you think it might be related or not. This will help your therapist to assess how your body is responding to treatment, if the treatment plan is successfully meeting the stated goals and how to proceed most effectively. Make any notes or questions you have for your therapist here so they can be addressed at your next session.

TODAY	How did you feel after the massage (the rest of the day & night)?	Activities and self care:
DAY 2	How do you feel? Are you tender or achy?	Activities and Self Care:
DAY 3	How do you feel? If you are still sore from the massage, call and check in with Light Hand 864-387-0435.	Activities and Self Care:
DAY 4	How do you feel? Have you noticed symptoms returning?	Activities and Self Care:
DAY 5	How do you feel? Are you doing your self-care?	Activities and Self Care:
DAY 6	How do you feel? Start to take notes for your next session.	Activities and Self Care:
DAY 7	How do you feel? What does your therapist need to focus the massage on today?	Activities and Self Care:

Use back of sheet if needed

