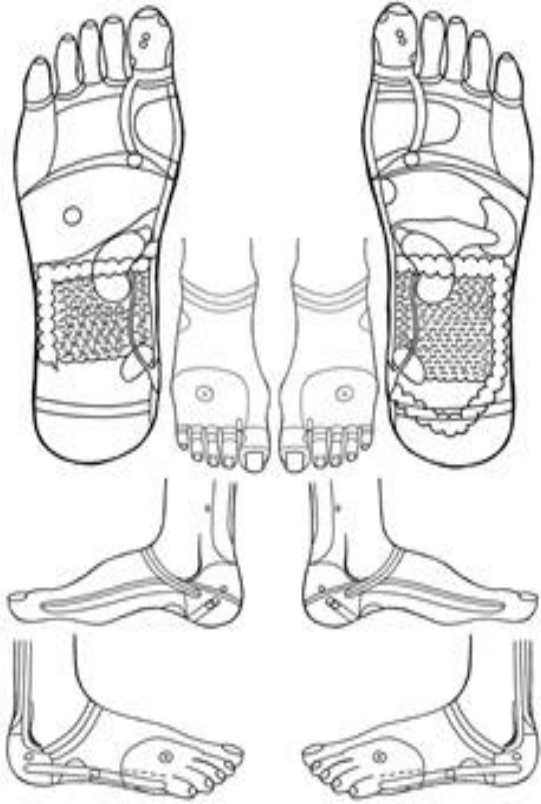


Study Client ID:		Date:		Start Time:		Finish Time:		Treatment No.	1
<u>Preferences:</u> Depth of Touch: Light Medium Deep Varies Music: Yes/No				<u>Measurements:</u> MYCAW					
Reclining position / postural support:				Pain: 1 2 3 4 5 6 7 8 9		Detail:			
Infection prevention / Allergies				Stress: 1 2 3 4 5 6 7 8 9		Detail:			
Psychological & relevant information between treatments:				Need for referral: Y/N					

ASSESSMENT OF FEET				
	RIGHT FOOT		LEFT FOOT	
Colour				
Temperature				
Texture				
Hard Skin				
Position				
GENERAL OBSERVATIONS				
Frame	S	M	L	XL
Movement				
Posture				
Breathing				
Skin Tone / Colour				
Eyes				
Demeanour				
Height		Weight		



SENSITIVE REFLEXES	R	L	SENSITIVE REFLEXES	R	L	SENSITIVE REFLEXES	R	L
Diaphragm			Abdominal Liver			Spine Coccyx		
Heart			Gall bladder			Sacrum		
Oesophagus/ Trachea			Pancreas			Lumbar		
Para-thyroid			Stomach			Thoracic		
Solar Plexus			Spleen			Cervical		
Thoracic (Lung)			Kidney			Brain		
Shoulder			Adrenal Glands			Brain Stem		
Breast			Ureter			Pituitary		
Intercostals			Bladder			Hypothalamus		
Lymph/Groin			Small intestine			Pineal		
Shoulder			Ileocecal/Appendix			Sinuses		
Trapezius			Ascending colon			Arm/ elbow		
Thymus			Transverse colon			Leg		
Thyroid			Descending colon			Knee		
Neck			Sigmoid			Hip		
Ears			Anal canal			Pelvic		
Inner ears						Ovaries/Testes		
Eyes						Prostate/Uterus		
						Fallopian/Vas		
						Sciatic Nerve		

X = sharpness C = Congestion E = Transfer of energy D = Dullness
K = Crunchy

Comments