

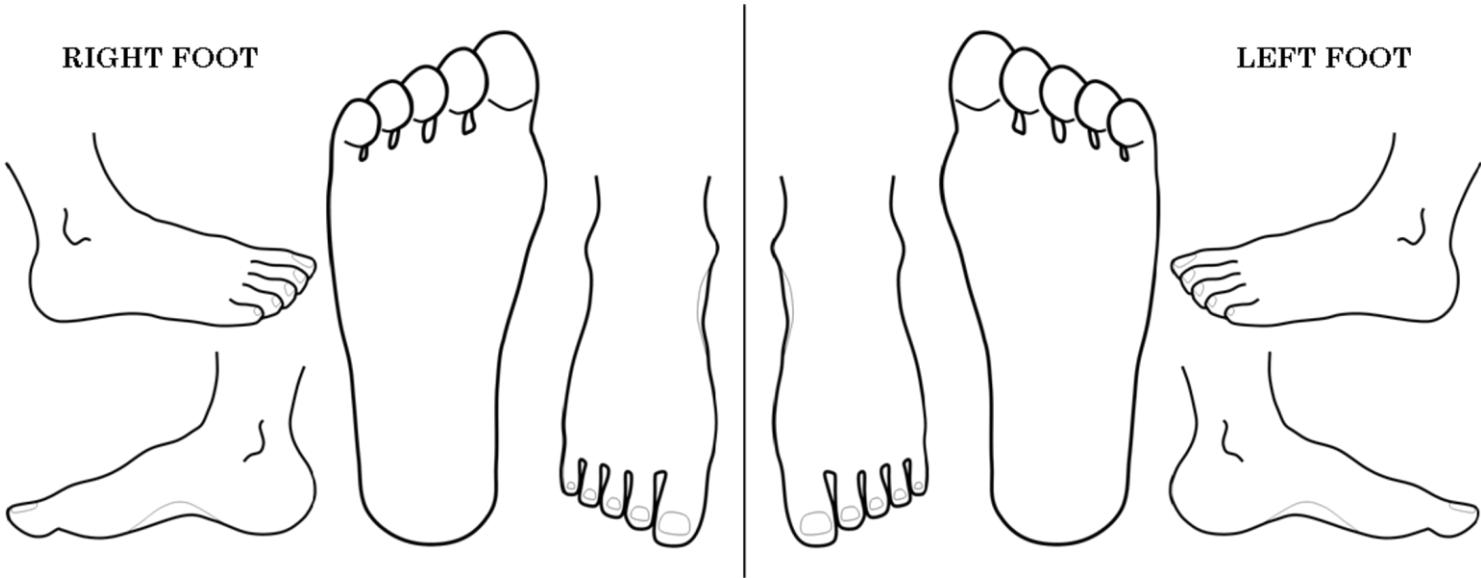
# FIRST TREATMENT RECORD

CLIENT's NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## OBSERVATIONS and REACTIONS DURING TREATMENT

<u>REACTIONS</u>	<u>POSSIBLE EXPLANATION</u>

## PAINFUL REFLEXES CHART



## APPEARANCE OF FEET

<u>Nail Condition</u>		<u>Feet Condition</u>	
Brittle, Ingrown, Fungal, Infection, etc.		Sweaty, Smelly, Dry, etc.	

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFTERCARE GUIDANCE**

**SUGGESTED REFERRALS**

**FIRST CONCLUSIONS**

**>> NEXT APPOINTMENT >>**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes...