

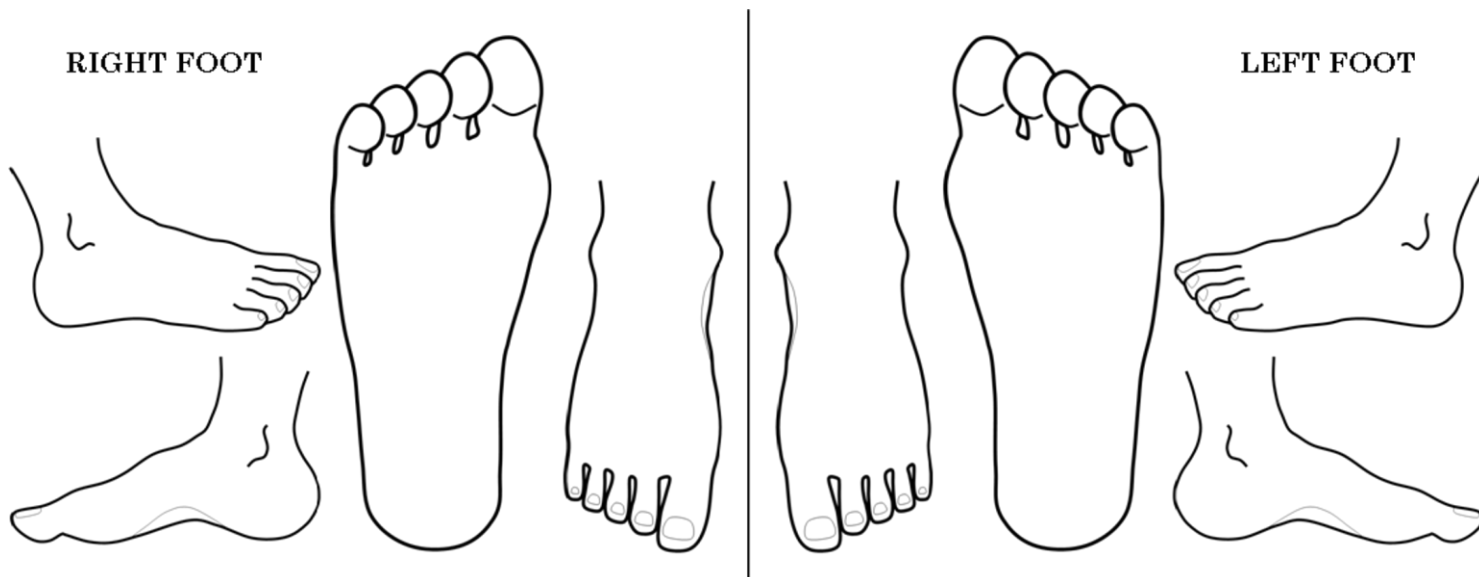
FIRST TREATMENT RECORD

CLIENT's NAME: _____ DATE: _____

OBSERVATIONS and REACTIONS DURING TREATMENT

| <u>REACTIONS</u> | <u>POSSIBLE EXPLANATION</u> |
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PAINFUL REFLEXES CHART



APPEARANCE OF FEET

| <u>Nail Condition</u> | | <u>Feet Condition</u> | |
|---|--|------------------------------------|--|
| Brittle, Ingrown, Fungal, Infection, etc. | | Sweaty, Smelly, Dry, etc. | |
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| Notes: | | | |
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AFTERCARE GUIDANCE

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SUGGESTED REFFERALS

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FIRST CONCLUSIONS

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>> NEXT APPOINTMENT >>

Date: _____ **Time:** _____

Notes...

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