

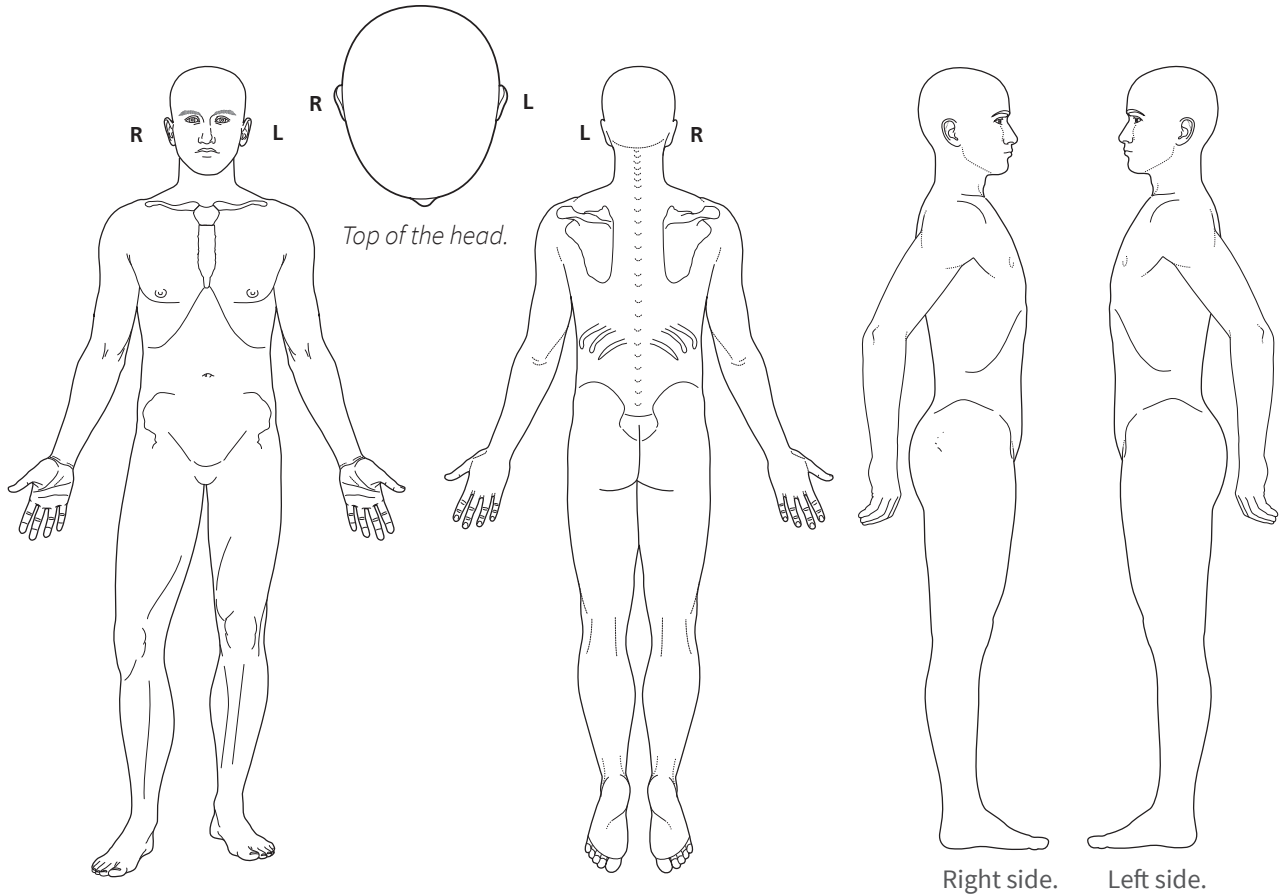
Trigger Point Therapy - Treatment Assessment

Patient: _____

Care provider: _____

Date: _____

blue = pain; yellow = numbness; orange = tingling; green = cramp; purple = tightness



Reason for visit: _____

Most distressing symptoms: _____

Additional patient comments (quality and nature of pain, aggravating factors, what has been tried and results): _____

Changes: _____

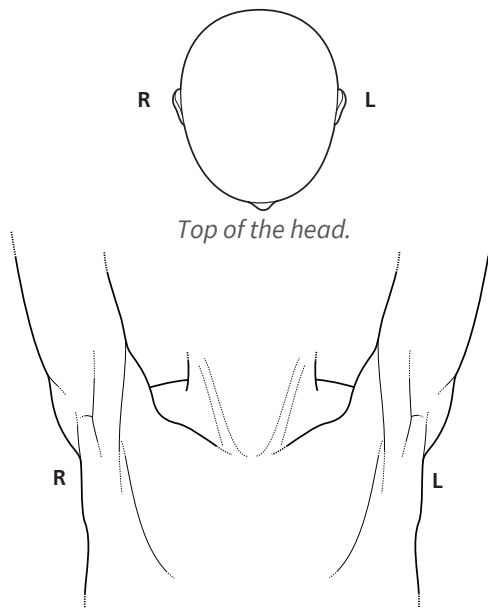
Needs (including prescriptions, therapies or tests): _____

Action items (patient and care provider): _____

Trigger Point Therapy - Treatment Assessment

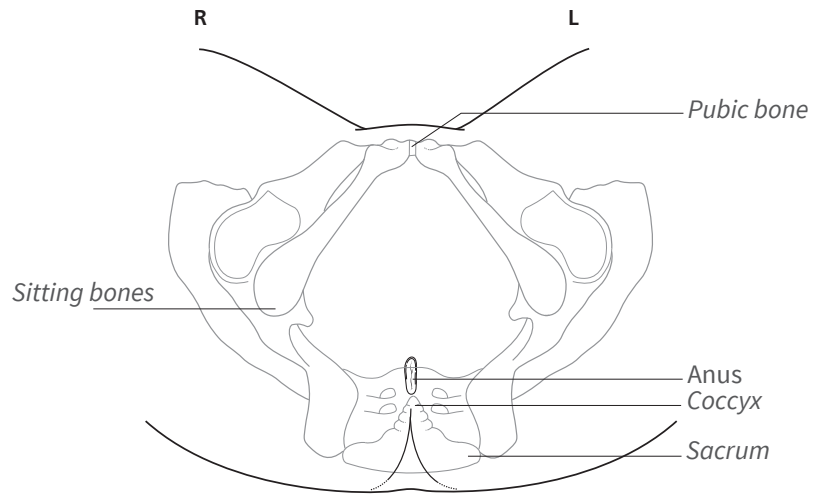
Patient: _____ Care provider: _____ Date: _____

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Top of the head.

Underarm areas.



Pelvic area.

Additional patient input: _____

Care provider comments: _____

Action items patient: _____

Next visit: _____

Action items care provider: _____
