

# Wellness Progress Notes

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Registered Nurse Massage Therapist



# El Aephau

Massage Therapy

<b>Client Name:</b> _____	<b>DOB:</b> _____	<b>SSR (%):</b> _____
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\_\_\_/\_\_\_/\_\_\_ 60-90-120 mins.  
at \_\_\_ - to \_\_\_ am / pm

Change in Health Status:  
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**Front      Back**

Message Plan for this Session:  
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Client's Initial:	Therapist: _____
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\_\_\_/\_\_\_/\_\_\_ 60-90-120 mins.  
at \_\_\_ - to \_\_\_ am / pm

Change in Health Status:  
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**Front      Back**

Message Plan for this Session:  
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Client's Initial:	Therapist: _____
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\_\_\_/\_\_\_/\_\_\_ 60-90-120 mins.  
at \_\_\_ - to \_\_\_ am / pm

Change in Health Status:  
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**Front      Back**

Message Plan for this Session:  
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Client's Initial:	Therapist: _____
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\_\_\_/\_\_\_/\_\_\_ 60-90-120 mins.  
at \_\_\_ - to \_\_\_ am / pm

Change in Health Status:  
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**Front      Back**

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Client's Initial:	Therapist: _____
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\_\_\_/\_\_\_/\_\_\_ 60-90-120 mins.  
at \_\_\_ - to \_\_\_ am / pm

Change in Health Status:  
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**Front      Back**

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Client's Initial:	Therapist: _____
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\_\_\_/\_\_\_/\_\_\_ 60-90-120 mins.  
at \_\_\_ - to \_\_\_ am / pm

Change in Health Status:  
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**Front      Back**

Message Plan for this Session:  
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Client's Initial:	Therapist: _____
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