

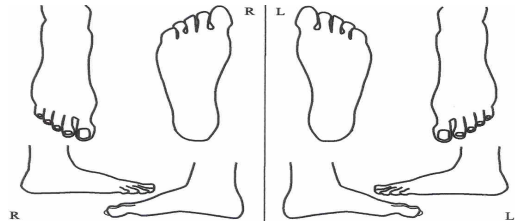
TREATMENT OBSERVATION SHEET



Client Name: _____

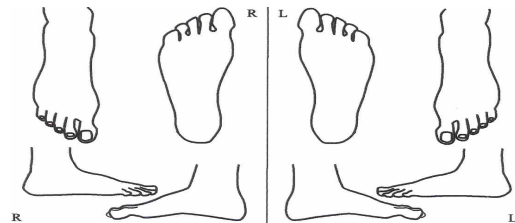
Treatment Number: _____ Date: _____

Observation:



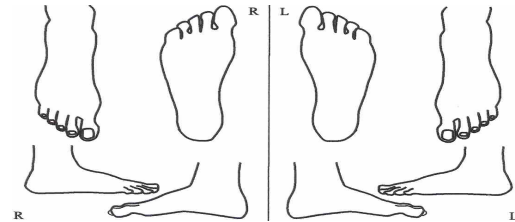
Treatment Number: _____ Date: _____

Observation:



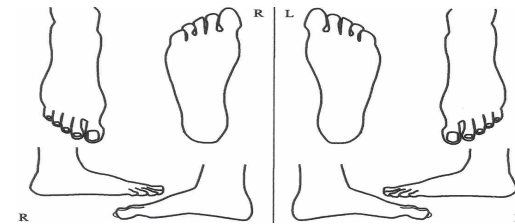
Treatment Number: _____ Date: _____

Observation:



Treatment Number: _____ Date: _____

Observation:



Treatment Number: _____ Date: _____

Observation:

