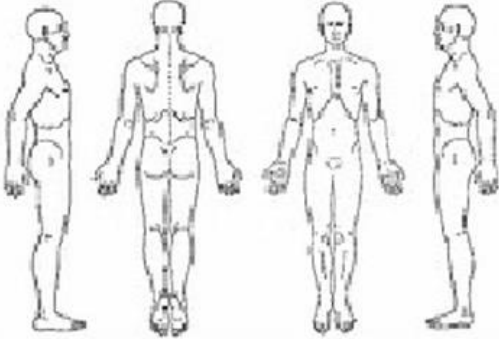


Gresham Therapeutic Massage Center, LLC
1748 NW Fairview Drive
Gresham, Oregon 97030
Phone: 503-492-3910 Fax: 503-674-6706

Chart Notes for Therapeutic Massage Session

Client Name: _____ Claim Number _____



Pain Scale

1	2	3	4	5	6	7	8	9	10		
No Pain										Unbearable Pain	

Frequency of Pain

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
None							Constant		

Comments: _____

Patient Signature _____ Date _____

Below For Office Use Only

O. (Objective)

A. (Treatment)

P. (Treatment Plan, Next Visit)

Attending LMT: _____

LMT Signature: _____ OR Lic# _____