

Acupressure / Shiatsu Write-up

Name: _____ Approx. Age: _____ Body Type: _____

Occupation: _____ Approx. Weight: _____ Approx. Height: _____

Previous Health Problems (surgery, accidents, addictions): _____

Current Health Problems (complaints/areas of tension or pain): _____

Observations and Assessments:

*Posture and Overall Appearance (skin tone, smell, voice, facial features): _____

*Mental/Emotional State and Physical Behavior: _____

Pulse Readings:

Before the Session:

After the Session:

Session Plan: _____

Acupressure Points Used: _____

Client Feedback: _____

Evaluate the Session: What did you learn? _____

Next Step for Client: issues, diet, exercise, self-help: _____

Next Session Scheduled on: _____

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