

# BPL Massage Therapy

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## Post-Treatment Evaluation (36 – 72 hours)

Date/Time \_\_\_\_\_

Elapsed Time Since Treatment (in hours) \_\_\_\_\_

Client Name \_\_\_\_\_

1. Rate your general physical sensation at this moment:\_\_\_\_\_

### **Use the following scale to answer the question above:**

*1 = I really do not feel connected to my physical body / My body feels numb all over*

*2 = I am aware of my physical body, and it hurts everywhere*

*3 = My physical body feels 'blah' - nothing hurts and nothing feels good*

*4 = My physical body feels okay - some parts hurt, other parts feel good*

*5 = My physical body feels good everywhere*

2. To answer the questions in this section, please refer to the **BODY REGIONS** list.

### **BODY REGIONS**

*(use **Left** or **Right** or **Both** if appropriate)*

*\* thumb\* \* hand\* \* forearm (wrist > elbow)\* \* arm (elbow > shoulder)\* \* neck\* \* head \*face\* \* chest (neck > ribcage)\**

*\* upper back (neck > shoulder blade)\* \* abdomen (ribcage > waist)\* \* mid-back (shoulder blade > bottom of ribs)\* \* lower back (bottom of ribs > pelvis)\* \* hips\* \* lower belly/front of pelvis\* \* quads (front of legs, waist > knee)\* \* hamstrings (back of legs, waist > knee)\**

*\* lower leg (front side, knee > ankle)\* \* lower leg (back side, knee > ankle)\* \* foot\* \* other (name)\**

a. What, if any, body part(s) feel(s) numb: \_\_\_\_\_

b. What, if any, body part(s) feel(s) painful: \_\_\_\_\_

c. What, if any, body part(s) feel(s) good: \_\_\_\_\_

3. How does this compare to the way you felt BEFORE the treatment? (circle)

*\*better\**

*\*the same\**

*\*worse\**

*\*I don't know/I can't remember how I felt before\**

4. What do you want your next bodywork treatment to look like? (circle)

*\*identical to the treatment I just had\**

*\*similar to the treatment I just had, but with the following changes (list below)\**

*\*completely different from the treatment I just had (list below)\**

*\* I don't really want another bodywork treatment\**

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