

**Indian Head Massage Client Records**

Client ..... Treatment Number: .....

Date .....

**Report from previous treatment**

**Treatment Objective:**

relaxation / stress relief / relief from tension / to improve lymph drainage / to improve scalp condition / to improve muscle tone / to improve hair condition / psychological uplift

**Body parts massaged:**

upper back / shoulders / neck / upper arms / head / scalp / face

**Medium used :**

none

oil - state type :

**Client psychological response**

nervous / relaxed / other

**Outcome of treatment:** effective / non-effective

relaxation / muscular pain relief / improved lymph drainage / improved scalp circulation / improved muscle tone / improved hair condition / psychological uplift

**Therapist's evaluation**

**Future treatment recommendations:**