

**CTB: Student Session Notes**

Client: \_\_\_\_\_

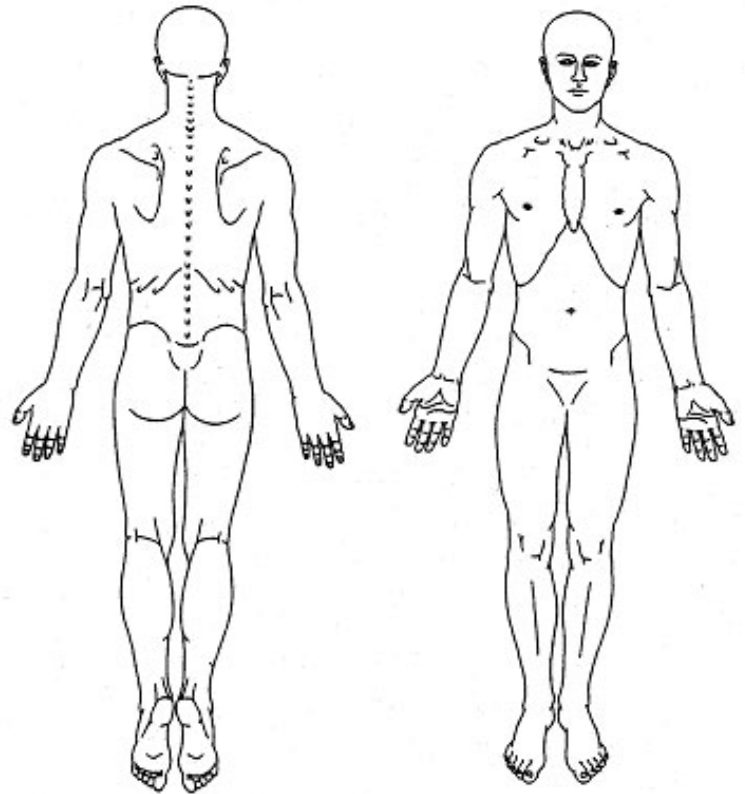
Date: \_\_\_\_\_

CTB Apprentice: \_\_\_\_\_

Primary Focus Area: \_\_\_\_\_

**Client Issues/ Major Complaints**

(history, assessment, pain level)



**Treatment Notes**

(sequence, techniques, tools, observations, etc)

**Muscles Treated/ Significant Trigger Points**

**Post-Treatment Pain Level/ Self-Care**