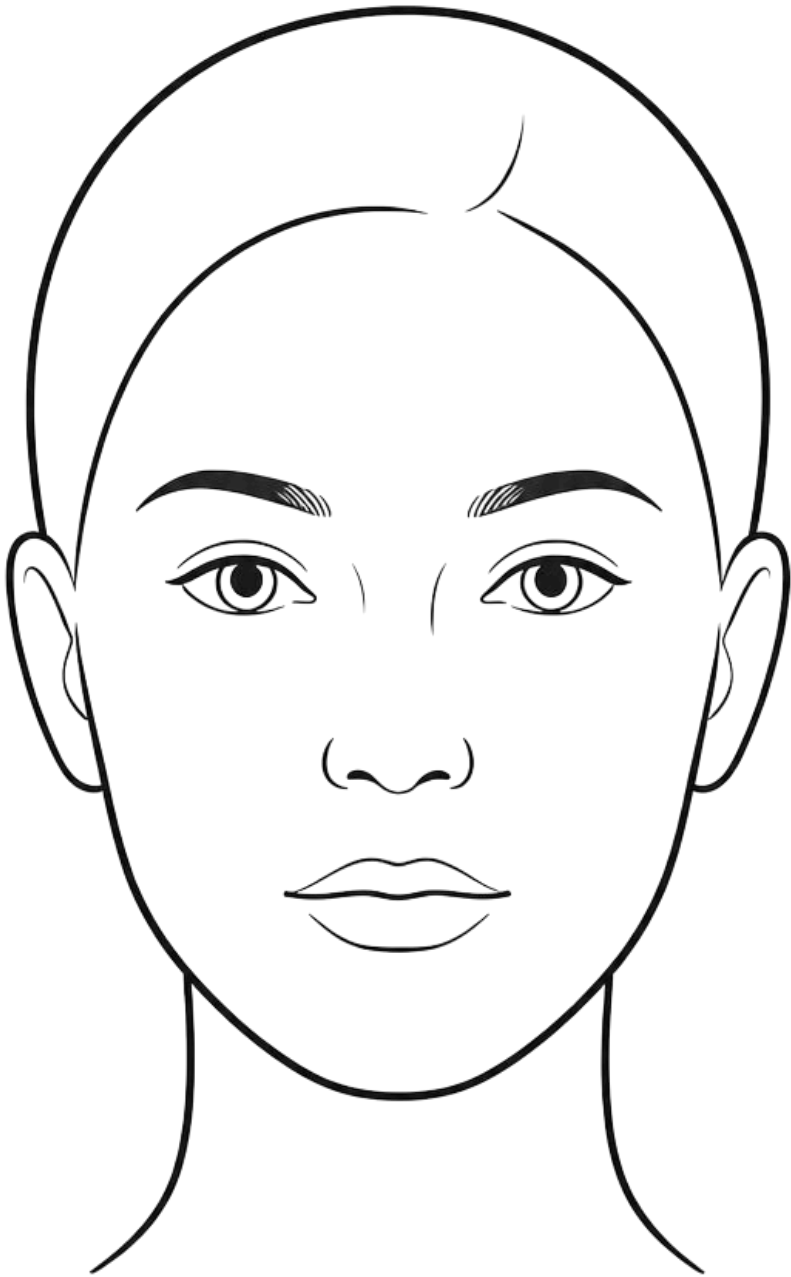


Face Chart

Patient information	
Name:	Gender:
Date of birth:	Contact:
Address:	



Foot and Ankle Chart

Patient information

Name:

Gender:

Date of birth:

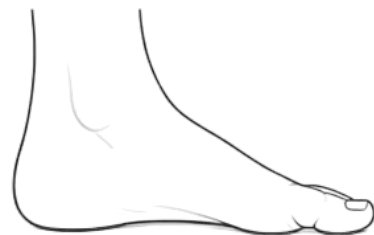
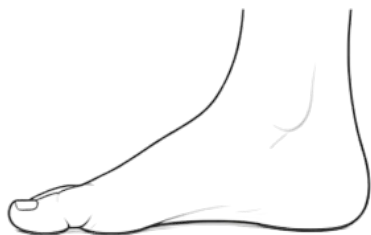
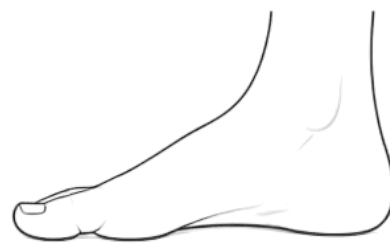
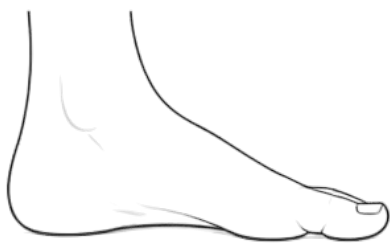
Contact:

Address:

PLANTAR VIEW



MEDIAL VIEW

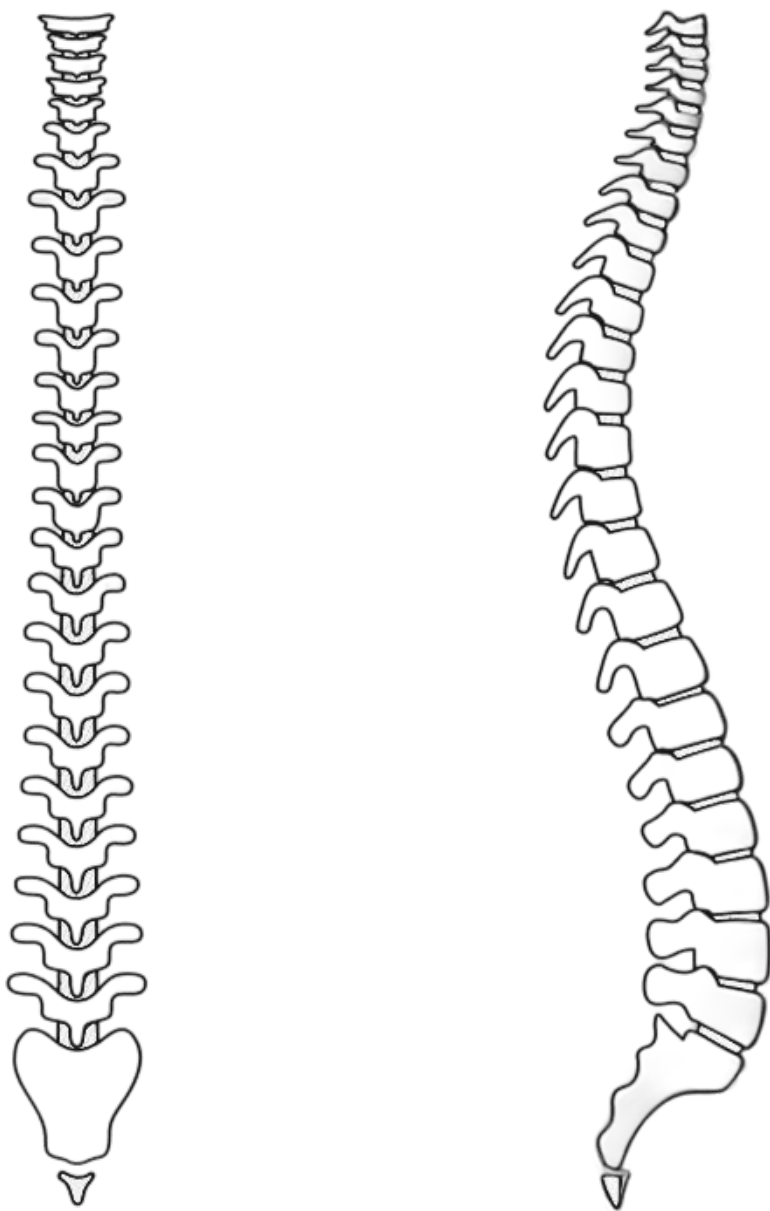


RIGHT FOOT

LEFT FOOT

Spinal and Vertebral Chart

Patient information	
Name:	Gender:
Date of birth:	Contact:
Address:	



Postural Assessment Chart

Patient information

Name:

Gender:

Date of birth:

Contact:

Address:

Anterior & posterior view

Upper body

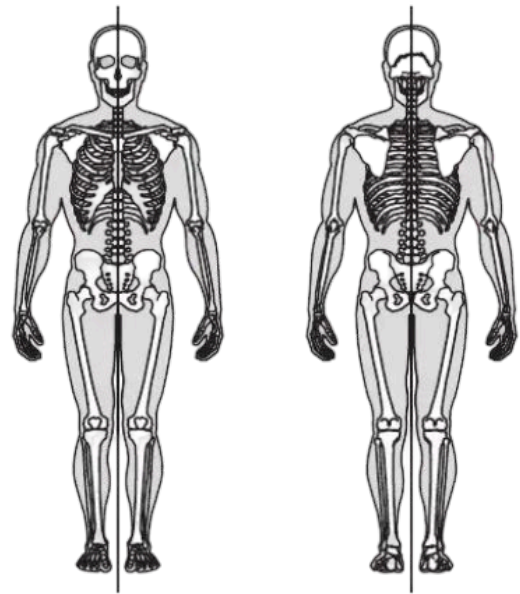
L R

Spine _____ Scoliosis ☐ ☐
 Scapula _____ Deviation ☐ ☐
 Shoulder _____ Deviation ☐ ☐
 Head _____ Tilt ☐ ☐
 _____ Rotation ☐ ☐

Lower body

L R

Foot & ankle complex _____ Toe (out) ☐ ☐
 _____ Toe (in) ☐ ☐
 _____ Pronation ☐ ☐
 _____ Flat feet ☐ ☐
 _____ High arch ☐ ☐
 Knee & hip _____ Knock knees ☐ ☐
 _____ Bow legs ☐ ☐



Comments:

Lateral view

Upper body

Y N

Lumbar spine _____ Lordosis ☐ ☐
 _____ Flat ☐ ☐
 Thorac spine _____ Kyphosis ☐ ☐
 _____ Flat ☐ ☐
 Trunk _____ Rotation (symmetry) ☐ ☐
 Shoulders _____ Forward ☐ ☐
 Head position _____ Forward ☐ ☐
 _____ Back ☐ ☐

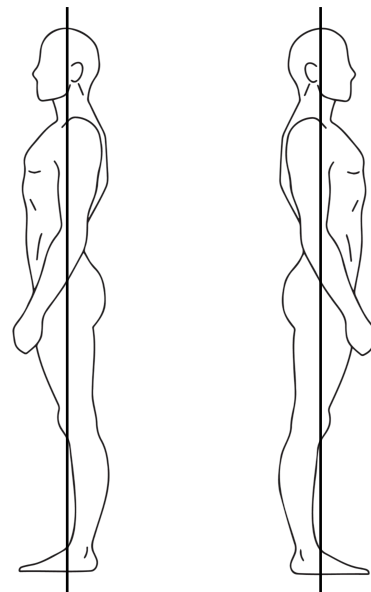
Lower body

L R

Ankle _____ Dorsiflexion ☐ ☐
 _____ Plantarflexion ☐ ☐
 Knee _____ Flexed ☐ ☐
 _____ Hyperextended ☐ ☐

Y N

Pelvic tilt _____ Symmetrical deviation? ☐ ☐
 _____ Tilt: anterior ☐ ☐
 _____ Posterior ☐ ☐



Comments:

Massage Therapy Chart

Patient information

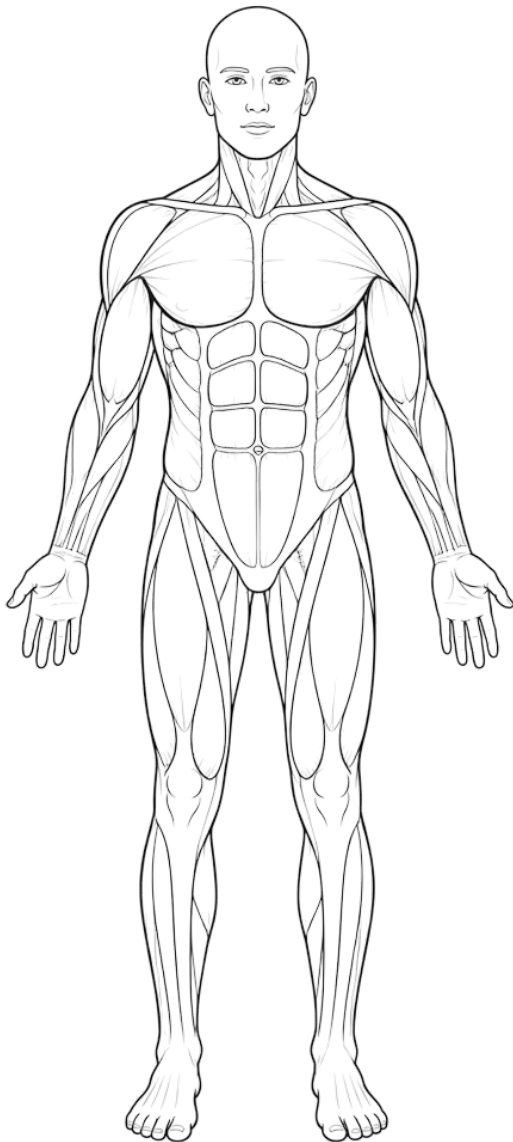
Name:

Gender:

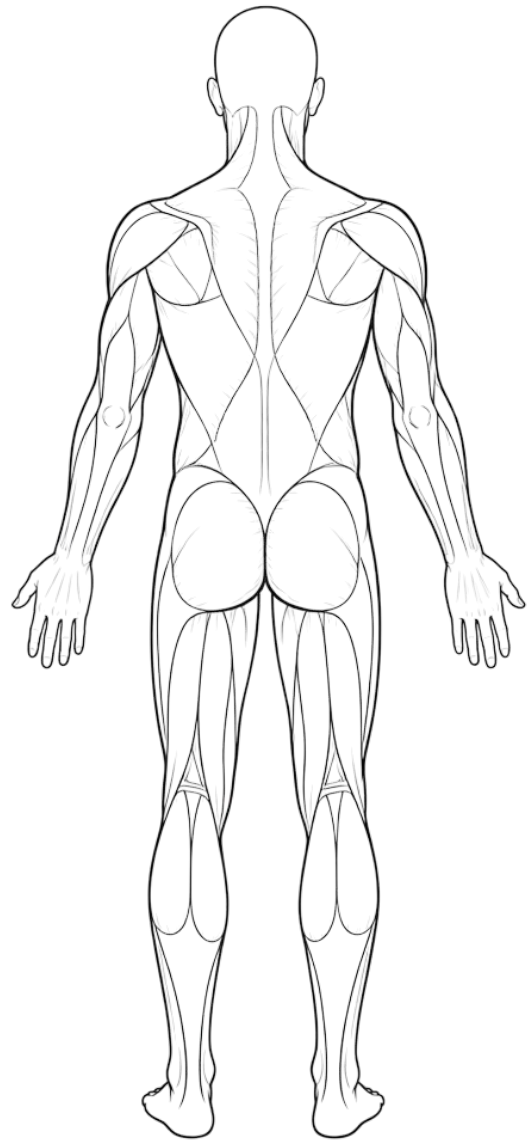
Date of birth:

Contact:

Address:



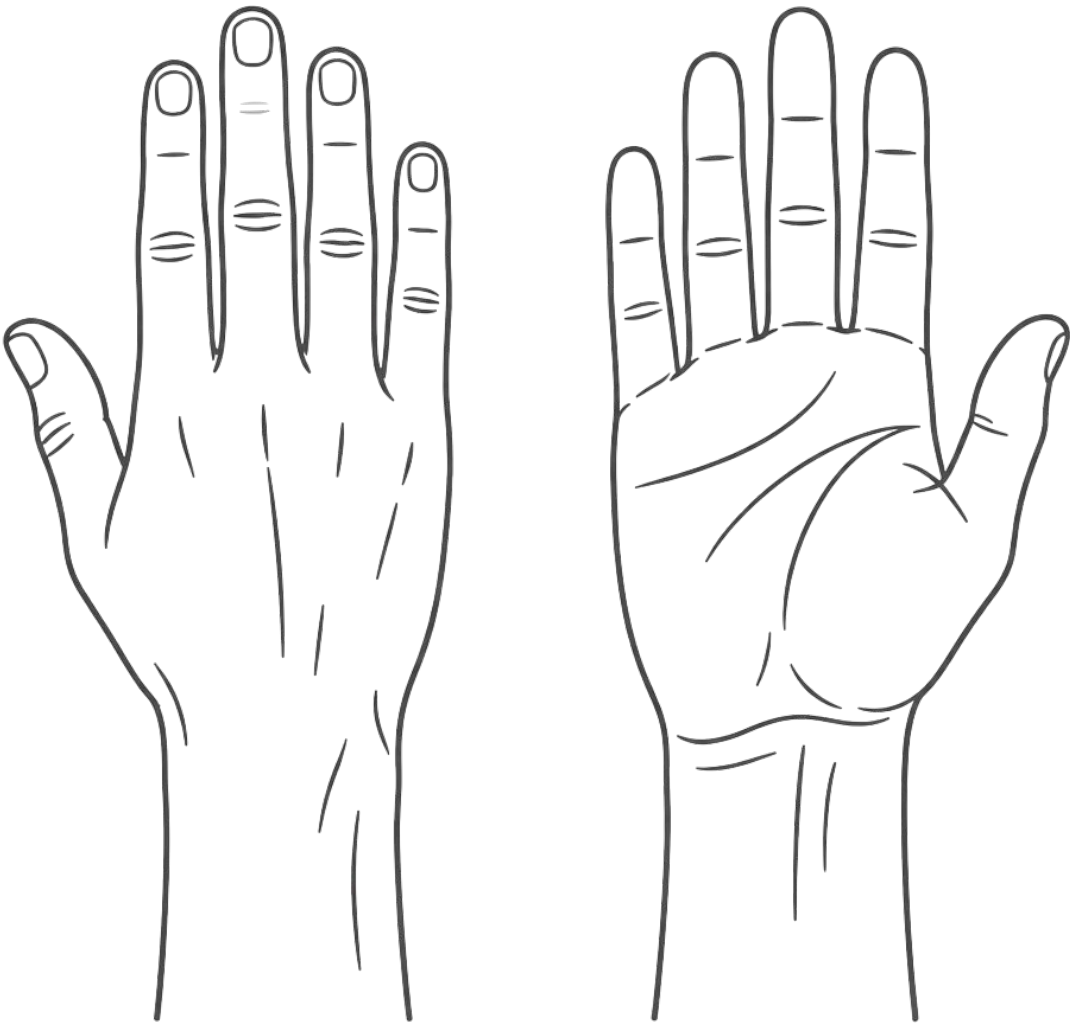
FRONT



BACK

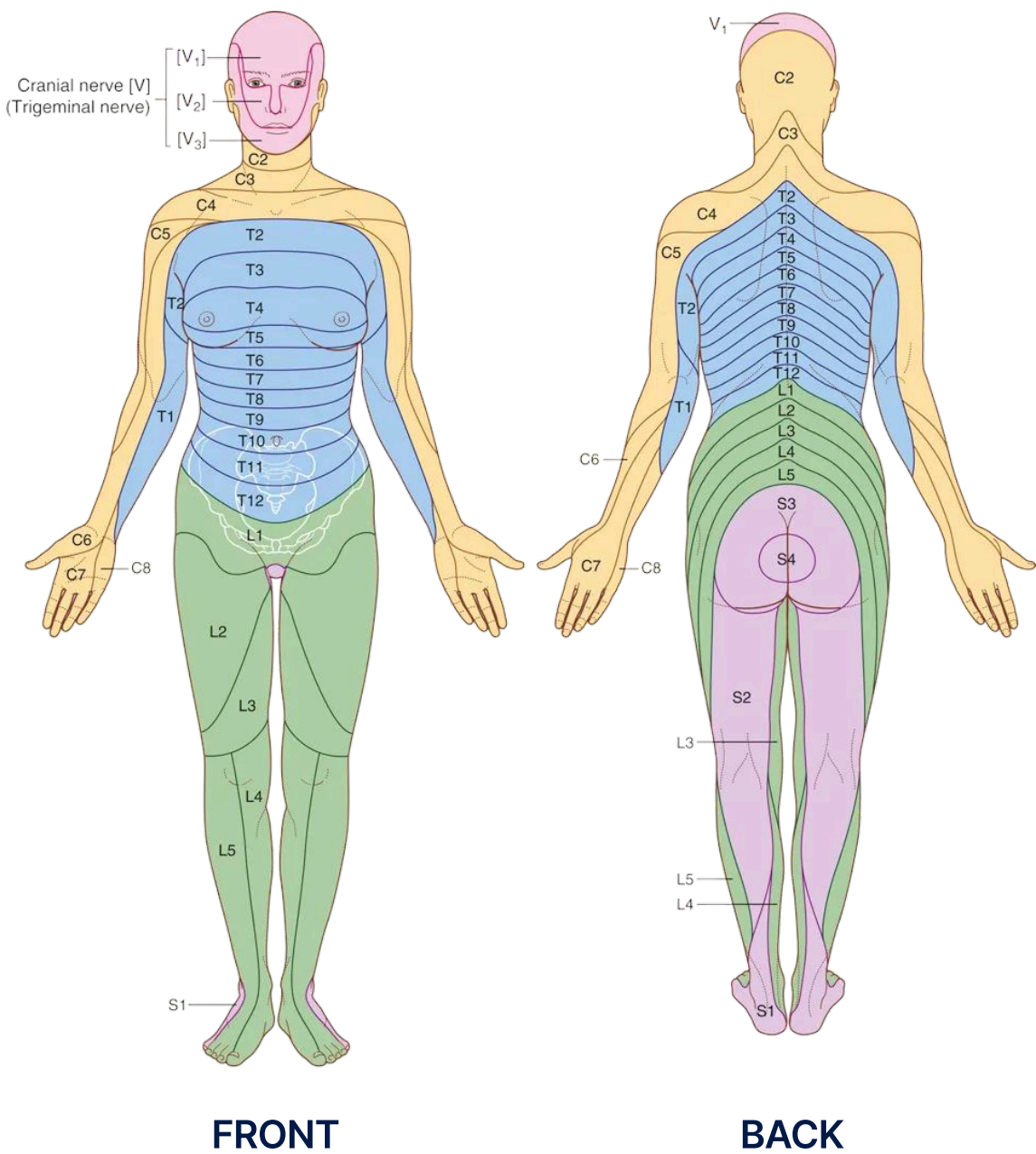
Hand and Wrist Diagram

Patient information	
Name:	Gender:
Date of birth:	Contact:
Address:	



Dermatome and Myotome Map

Patient information	
Name:	Gender:
Date of birth:	Contact:
Address:	



Musculoskeletal Chart

Patient information

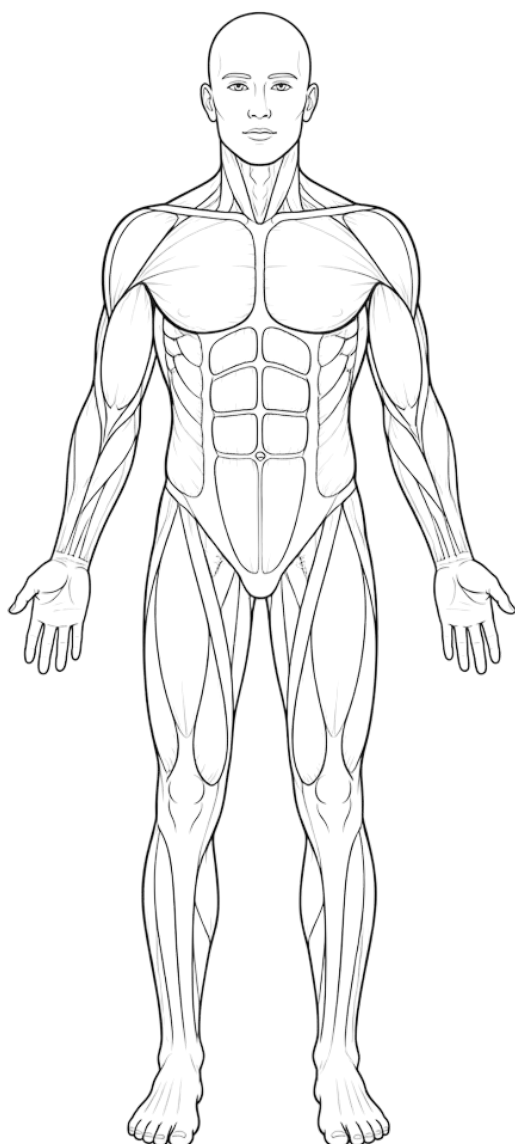
Name:

Gender:

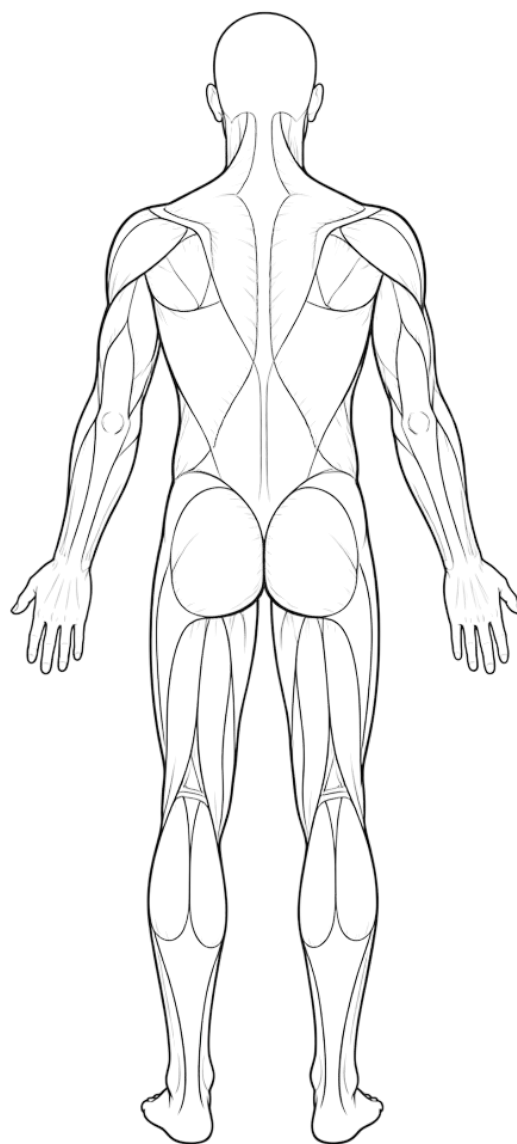
Date of birth:

Contact:

Address:



FRONT



BACK

Musculoskeletal Chart (Multipoint)

Patient information

Name:

Gender:

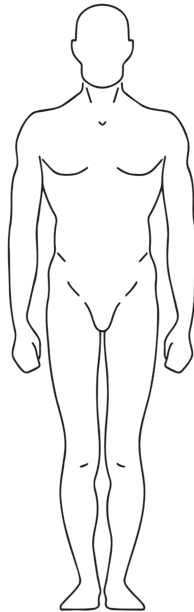
Date of birth:

Contact:

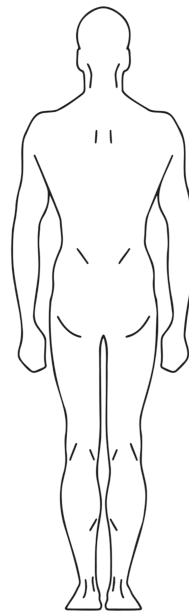
Address:



LEFT



FRONT



BACK



RIGHT

Musculoskeletal Chart (Lateral)

Patient information	
Name:	Gender:
Date of birth:	Contact:
Address:	



LEFT



RIGHT

Musculoskeletal Chart (Full Body)

Patient information

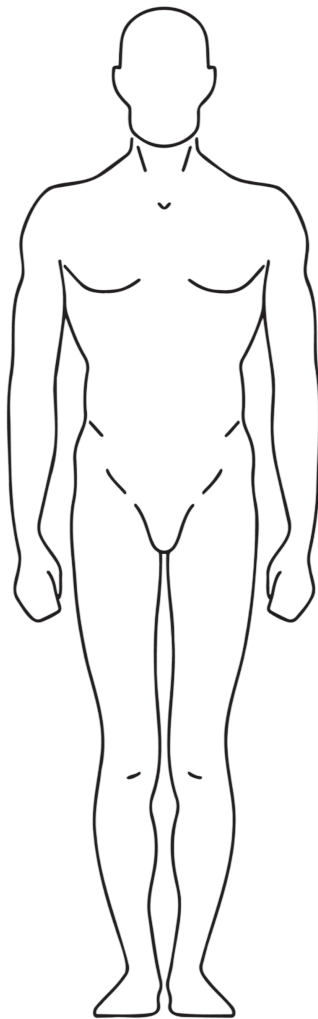
Name:

Gender:

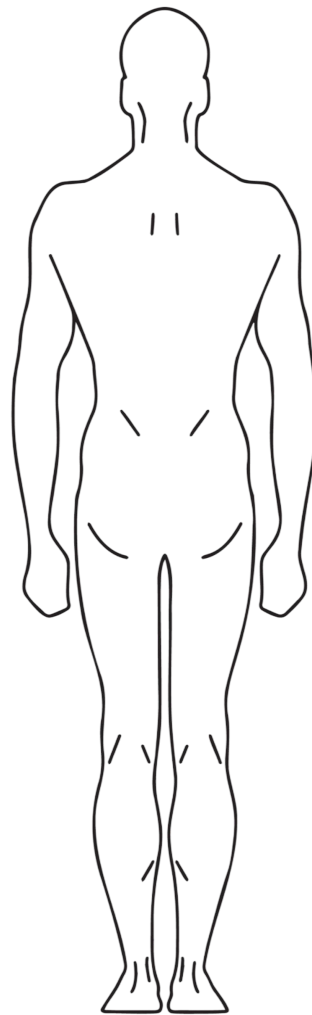
Date of birth:

Contact:

Address:



FRONT



BACK