

CST Treatment Insights and Progression

Client _____

Date _____

Practitioner _____

Student Trade Professional Session

1. How did you feel immediately after the session? (note pain, releases, relaxation)

2. How did you feel throughout the evening? (any changes after you left office)

3. How did you feel going to sleep? (wired, tired, relaxed, etc)

4. How did you sleep? (hard, light, better, worse, etc)

5. How did you feel when you woke up? (alert, lethargic, etc)

6. Other things to note:
 - a. Areas of relaxation

 - b. Areas of pain (be specific)

 - c. Areas of restriction

 - d. Areas of release

 - e. Any other notable differences compared to how you felt before treatment

7. Any other experience to note