

### Massage Treatment Log Summary Sheet

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Message Treatment #	Date	Client's Name	First Time Client	Returning Client	Case History Form Completed	Treatment Duration
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Total Hours**

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Student Name:			Email:			
Massage Treatment #	Date	Client's Name	First Time Client	Returning Client	Case History Form Completed	Treatment Duration
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total Hours</b>						

### Massage Treatment Log Summary Sheet

Student Name:		Email:				
Message Treatment #	Date	Client's Name	First Time Client	Returning Client	Case History Form Completed	Treatment Duration
35			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total Hours</b>						