

C.A.R.E. NOTES

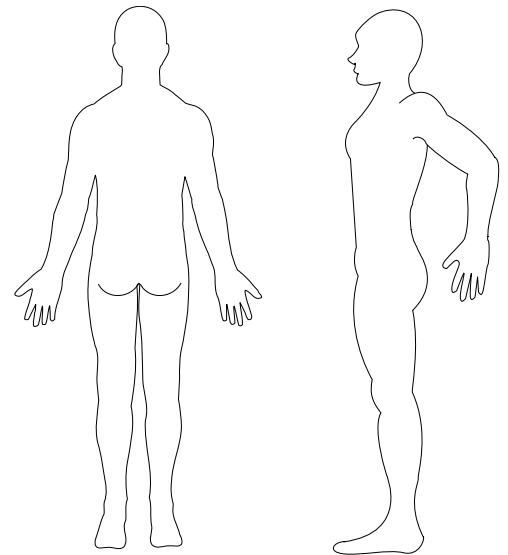
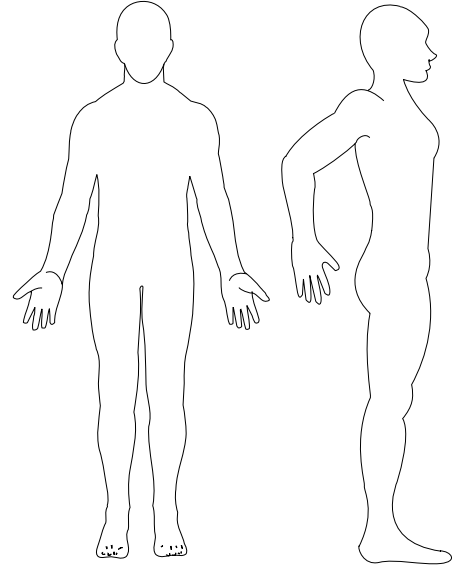
Name: _____ Date: _____

Condition of the client: Measurable data regarding the client's medical condition, such as pain or tension.

Action taken: Types of treatment provided, location, and duration of treatment.

Response of client: Measurable physiological changes and verbal and non-verbal feedback.

Evaluation: Recommendations for future treatment, client homework, and suggestions to other caregivers

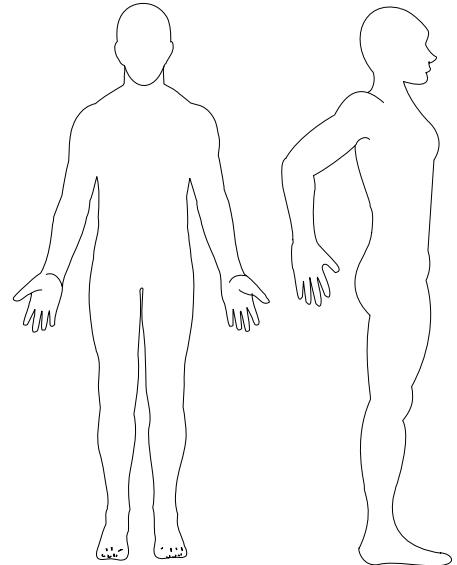


Comments: _____

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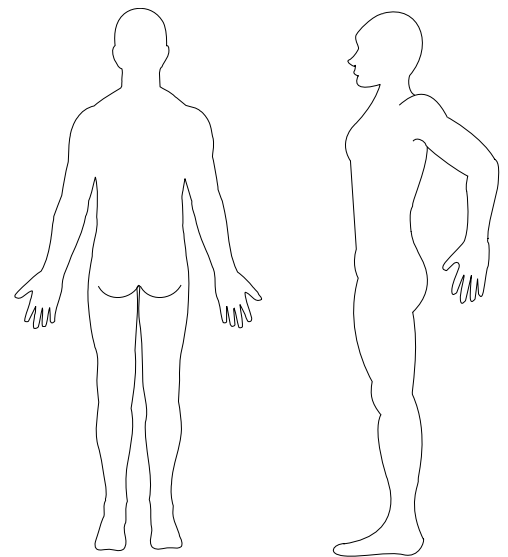
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