



Indy MyoPain Relief Center

Steven E Maschmeyer, CMTPT, LMT, MS, ASCP

Certified Myofascial Trigger Point Therapist
Myofascial Trigger Point Therapist
Extra Corporeal Shock Wave Therapist
Frequency Specific Micro Current Therapist
Neuro Muscular Therapist
Certified Massage Therapist

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Appointment: Date _____ Time _____
Therapist: _____

Today's date: _____

Introducing: _____

Referring Professional: _____

Describe condition to be treated:

Describe Location of condition:

___ Treatment necessary for proper restoration of normal function

___ Trigger Point Therapy

___ Myofascial release

___ ESWT

___ Frequency Specific Micro Current therapy

___ PTSD therapy

___ Medical Therapeutic Massage

Rating 1. Today's pain intensity rating: (mark with a cross on the line)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
NO PAIN MODERATE PAIN WORST PAIN

Rating 2. Today's subjective pain assessment rating: (mark with a cross on the line)

0	1	2	3	4	5
NO PAIN	MILD	DISCOMFORTING	DISTRESSING	INTENSE	EXCRUCIATING
	Annoying	Troublesome	Miserable	Dreadful	Unbearable
	Nagging	Nauseating	Agonizing	Horrible	Torturing
	Aching	Grueling	Gnawing	Vicious	Crushing
		Numbing	Throbbing	Cramping	Tearing

Rating 3. Today's function rating: (ability to shop, cook, clean, walk, climb stairs, drive, work, play, socialize)
(mark with a cross on the line)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
FULLY ACTIVE MODERATE LIMITED FUNCTION FULL IMPAIRMENT

Rating 4. f, when your problem was at its worst, it was 10/10, what is it now out of 10? ____/10.

Map to our Location in Carmel Indiana



Our Brochure in QR Code

