



The Arvigo Techniques of Maya Abdominal Therapy™ Case Study Reporting Form – Initial Session

Case Study # _____	Client Initials _____	Age _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Practitioner's Name _____				
Reason for Visit _____				
Presenting Symptoms _____				

Initial Findings:

	Findings	Comments
Upper abdomen		
Lower abdomen		
Uterine position		
Sacrum		
Hips: inferior/superior		
Hips: anterior/posterior		
Coccyx		
Hortence's point		

Initial Treatment:

PCT Guidelines applied: yes no If not, omit the following:

Other Treatments (if utilized):

Self care massage taught: yes no If not, state rationale.

Supportive Therapies may be used to enhance the MAM bodywork.

Check the ones you recommended to your client.

Herbal remedy(ies)	
Castor oil pack	
Vaginal steam	
Faja	
Meditation	
Diet	
Exercise	

Client response/experience to treatment session:

Practitioner's self evaluation of session:

Plan for follow-up:

Additional comments (if needed):

Other notes (if needed):