

# THE HEALING GARDEN OF DESTINY

## Client Progress & Maintenance Follow-Up

*This form is a clinical progress update. Completion of a full Initial Intake Form is required prior to this assessment to ensure compliance with professional board standards.*

### 1. Session Tracking

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Number of sessions completed to date: \_\_\_\_\_

### 2. Outcome & Relief Assessment

Please explain the relief you have experienced since your last session:

On a scale of 1-10 (10 being full relief), how would you rate your progress?

Describe the outcome of your original concerns (e.g., improved mobility, less pain, better sleep):

### 3. Maintenance & Ongoing Care

Are you currently receiving maintenance care for long-term vitality?  Yes  No

How often are you incorporating the Movement Matrix exercises at home?

### 4. Current Concerns & Discomfort

Are there any new areas of discomfort or specific concerns to address today?

Do you have any questions regarding your treatment plan or progress?

\_\_\_\_\_  
Client Signature (Confirmation of Update)

\_\_\_\_\_  
Date