

Spinal Reflex Therapy		Case Study:	Session:
<b>SRA/SRT Certification Requirements</b>			
Please complete each field thoroughly, and do not use the client/patients' name at any time or otherwise include information that might personally identify them. All case studies submitted to SRI, Intl. become the sole copyright of SRI, Intl. and may be posted on our websites, print and social media at our discretion, or otherwise used for educational, promotional or informational purposes.			
All text fields will expand as needed.			
<b>Practitioner Name:</b>		<b>Profession:</b>	
<b>Level and date of last SRA/SRT training:</b>			
<b>Treatment date:</b>		<b>Client Age:</b>	<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Primary SRS:</b>		<b>Length of Session:</b>	
<b>Secondary SRS:</b>		<b>Length of Session:</b>	
<b>Client/Patient Symptoms/Complaints</b>			
<b>Client/Patient Goals and Objectives</b>			
<b>Treatment Outcomes</b>			
<b>Practitioner Comments</b>			
<b>Client Comments</b>			
<b>Rx Care Plan</b>			
<b>End</b>		<b>Case Study:</b>	<b>Session:</b>