Massage Therapy SOAP Notes

CLIENT INFORMATION

Client details:

Contact information: _____

SUBJECTIVE (CLIENT'S SELF-REPORTED INFORMATION)

Client's chief complaint (including symptoms, severity, etc.):

Relevant medical history:

Goals for the session:

Any changes since the previous session (if applicable):

Additional notes:

OBJECTIVE (OBSERVATION AND ASSESSMENTS)

Vital signs:

Posture and alignment:

Range of motion:

Presence of muscle tension:

Edema or swelling:

Skin condition/s (if relevant):

ASSESSMENT (PROFESSIONAL ANALYSIS)

Summary of main symptoms:

Possible outcomes and likely causes:

Client's response to previous sessions:

Progress towards goals:

Areas of improvement:

Noteworthy findings:

Consideration of other health factors:

PLAN (PROPOSED PLAN FOR FUTURE SESSIONS)

Collaborative actions (referrals, communication with other healthcare professionals on updated goals):

Treatment techniques used:

Areas to focus on/what to check on the next visit:

Self-care recommendations:

Recommendations on session frequency and duration:

CLIENT'S FEEDBACK

Client's perception of the session:

Client's suggestions or concerns:

Client's self-care adherence:

Client's signature:
Date: _____ dd / mm / yyyy

THERAPIST INFORMATION

Therapist's name: _____ Contact information: _____

Therapist's signature:
Date: _____ dd / mm / yyyy