ELK GROVE HEALING MASSAGE

MASSAGE THERAPY — SOAP NOTE

9132 Elk Grove Blvd, Elk Grove, CA 95624 • 916-430-9276 • www.eghealingmassage.com

CLIENT / VISIT INFORMATION

Client Name: _____ **Date:** _____

DOB: _____ **Record #:** _____ **Therapist:** _____

Visit Type: ■ Initial ■ Follow-up ■ Re-evaluation **Session Length:** ■ 30 ■ 60 ■ 90 min

S — SUBJECTIVE

Chief Complaint / Reason for Visit: _____

Client Report / Symptoms: _____

Pain Location: _____ **Pain Level:** ____/10 **Duration:** _____

Pain Quality: ■ Aching ■ Sharp ■ Dull ■ Burning ■ Tingling ■ Numbness ■ Tight ■ Throbbing ■ Other: _____

Since Last Treatment: ■ Improved ■ No change ■ Worse **Client's comments:** _____

Functional Limitations: ■ Walking ■ Sitting ■ Standing ■ Lifting ■ Sleeping ■ Driving ■ Other: _____

Relevant Changes / Medications / Medical Updates: _____

O — OBJECTIVE

Observation / Posture / Gait: _____

Palpation Findings: ■ Tenderness ■ Hypertonicity ■ Trigger points ■ Adhesions ■ Edema ■ Limited ROM ■ Other

Areas / Muscles with Findings: _____

ROM / Mobility Findings: _____

Skin / Tissue / Temperature Observations: _____

Other Objective Findings: _____

A — ASSESSMENT

Clinical / Musculoskeletal Impression: _____

Primary Areas of Treatment: _____

Progress: ■ Improving ■ Stable ■ Fluctuating ■ Declining

Response Compared With Previous Visit: _____

P — PLAN / TREATMENT

Position: ■ Prone ■ Supine ■ Side-lying ■ Seated

Techniques Used: ■ Swedish ■ Deep Tissue ■ Myofascial ■ Trigger Point ■ Sports ■ Tuina ■ Stretching ■ Hot Stone ■ Other

Areas Treated: _____

Pressure: ■ Light ■ Moderate ■ Firm **Duration:** _____ min **Heat / Cold:** ■ No ■ Yes

Home Care / Self-Care Instructions: _____

Client Response After Treatment: ■ Relaxed ■ Pain decreased ■ ROM improved ■ No change ■ Increased symptoms

Post-Treatment Pain: ____/10 **Follow-up:** ■ As needed ■ _____ days ■ _____ weeks

PERSONAL-INJURY / AUTO-ACCIDENT DOCUMENTATION (IF APPLICABLE)

Accident Date: _____ **Claim / Case No.:** _____

Attorney / Law Firm: _____ **Referral / Recommendation:** ■ No ■ Yes

Documentation note: This SOAP note records massage therapy findings and treatment. It does not constitute a medical diagnosis. For auto-accident cases, the client may request a copy of the service receipt for their attorney or claim documentation.

SIGNATURES

Therapist Signature: _____ **Date:** _____

Client Signature (if required): _____ **Date:** _____