

# Massage Therapy SOAP Note

## Client Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Session Date:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

## Subjective: (Client's self-reported information)

Chief Complaint:

Presenting Symptoms:

Goals for Session:

Any Changes Since Last Session:

## Objective: (Therapist's observations and assessments)

Posture and Alignment:

Range of Motion:

Muscle Tension and Texture:

Edema or Swelling:

Skin Condition (if relevant):

## **Assessment: (Therapist's professional analysis)**

Progress Towards Goals:

Areas of Improvement:

Noteworthy Findings:

Client's Response to Previous Sessions:

Consideration of Other Health Factors:

## **Plan: (Proposed plan for future sessions)**

Treatment Techniques Used:

Areas to Focus On:

Self-Care Recommendations:

Frequency of Sessions:



Collaborative Actions (referrals, communication with other healthcare professionals):

**Client Feedback: (Client's feedback and any additional notes)**

Client's Perception of Session:

Client's Suggestions or Concerns:

Client's Self-Care Adherence:

Client Signature:  \_\_\_\_\_ Date: \_\_\_\_\_  
Therapist Signature:  \_\_\_\_\_ Date: \_\_\_\_\_