

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:** _____