

**BUSINESS NAME**  
**MASSAGE THERAPY S.O.A.P. NOTE**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBJECTIVE:** (Client presents with and complains of):

☐ Sharp Pain    ☐ Dull Ache    ☐ Numbness    ☐ Tingling    ☐ Burning    ☐ Shooting    ☐ Throbbing

Other / Notes: \_\_\_\_\_

❖ **These complaints are noted in the client's:**

☐ Neck    ☐ Shoulders    ☐ Upper Arms    ☐ Lower Arms    ☐ Upper Back    ☐ Sides    ☐ Chest  
☐ Abdomen    ☐ Groin    ☐ Lower Back    ☐ Buttocks    ☐ Upper Legs    ☐ Lower Legs

Other / Notes: \_\_\_\_\_

**OBJECTIVE:** (Found during the course of evaluation and treatment):

☐ Pain    ☐ Tenderness    ☐ Muscle Spasm    ☐ Trigger Points    ☐ ↓ / ↑ Tone    ROM  
☐ ↓ / ↑ Muscle Texture    Other / Notes: \_\_\_\_\_

❖ **These findings are noted in the client's:**

☐ Neck    ☐ Shoulders    ☐ Upper Arms    ☐ Lower Arms    ☐ Upper Back    ☐ Sides    ☐ Chest  
☐ Abdomen    ☐ Groin    ☐ Lower Back    ☐ Buttocks    ☐ Upper Legs    ☐ Lower Legs

Other / Notes: \_\_\_\_\_

**ASSESSMENT:** (Your opinion of the client's condition):

☐ Muscle Spasm    ☐ Neck Pain    ☐ Thoracic Pain    ☐ Lumbar Pain    ☐ Arm Pain    ☐ Leg Pain    ☐ Chest Pain

Other / Notes: \_\_\_\_\_

The client is:    ☐ Improving    ☐ Staying the Same    ☐ Getting Worse    ☐ N/A – First Visit

Client prognosis is:    ☐ Excellent    ☐ Very Good    ☐ Average    ☐ Poor    ☐ Dire    ☐ Too soon to ascertain

**PROCEDURE / PLAN:** (What was done and what is the future plan):

☐ 60 min. massage (97124) - 4 units    ☐ 30 min. massage (97124) - 2 units  
☐ Return in \_\_\_\_\_ weeks    ☐ Chiropractic Referral    ☐ Recommend Icing    ☐ Recommend stretching

☐ Increase Water Intake    Other / Notes: \_\_\_\_\_

More or Less Pressure Next Massage: \_\_\_\_\_

Next Massage, Concentrate On: \_\_\_\_\_

**Therapist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervising Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_