



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 ☐ ↓ / ☐ ↑ Muscle 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:** _____

Sample Progress Notes For Occupational Therapy

RC Schank



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