

Massage SOAP Note

One note per session. Write it the same day.

Practice

Client name

Date

Service and length

Therapist and credentials

Pressure

☐ Light

☐ Medium

☐ Firm

☐ Deep

Reason for visit

Pain before (0 to 10)

 /10

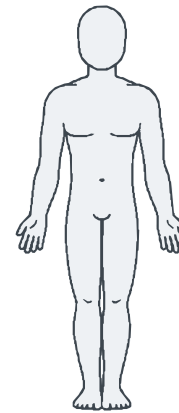
Pain after (0 to 10)

 /10

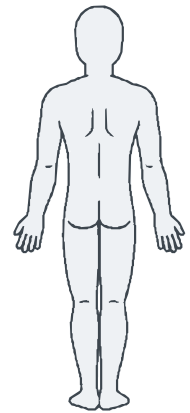
S Subjective what the client reports

O Objective what you observed and found

Body chart mark where you found something



Front



Back

TP Tender point

HT Tension

S Spasm

N Numbness, tingling

TrP Trigger point

A Adhesion

I Inflammation

X Avoid this area

Treatment techniques, areas, pressure, time

A Assessment how the client responded and progress. No diagnosis.

P Plan next session, self-care, follow-up or referral

Therapist signature

Date signed

Corrections never erase. Add a dated correction here and initial it.