

Massage Therapy SOAP Notes

Client information	
Name:	Session date:
Date of birth:	Gender:
Contact information:	
Subjective (Client's self-reported information)	
Client's chief complaint (including symptoms, severity, etc.):	
Relevant medical history:	
Goals for the session:	
Any changes since the previous session (if applicable):	
Additional notes:	
Objective (Observation and assessments)	
Vital signs:	
Posture and alignment:	

Range of motion:

Presence of muscle tension:

Edema or swelling:

Skin condition/s (if relevant):

Additional notes:

Assessment (Professional analysis)

Summary of main symptoms:

Possible outcomes and likely causes:

Client's response to previous sessions:

Progress towards goals:

Areas of improvement:

Noteworthy findings:

Consideration of other health factors:

Additional notes:

Plan (Proposed plan for future sessions)

Collaborative actions (referrals, communication with other healthcare professionals on updated goals):

Treatment techniques used:

Areas to focus on/what to check on the next visit:

Self-care recommendations:

Recommendations on session frequency and duration:

Additional notes:

Client's feedback

Client's perception of the session:

Client's suggestions or concerns:

Client's self-care adherence:

Client's signature:

Date:

Therapist information

Therapist's name:

Contact information:

Therapist's signature:

Date: