

Client Name: _____ DOB: _____ Ins. ID#: _____

S: (Subjective) Client reported status—goals for session, symptoms, functional limitations; Physician's diagnosis or description of condition

O: (Objective) Practitioner reported findings—posture, movement, palpation; and massage/bodywork application—what you did, where you did it, for how long

A: (Assessment/Application) Client's response to treatment—less pain, more movement, etc.; quantify results using either a numerical scale, 0-10, or a value scale, Mild (L) moderate (M) or Severe (S)

P: (Plan) Recommendations for self-care and plan for future care

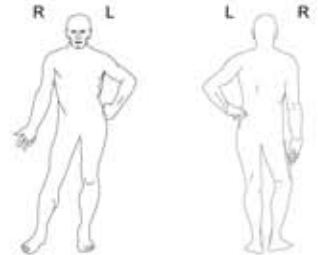
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P: _____

Date: _____ Duration: _____



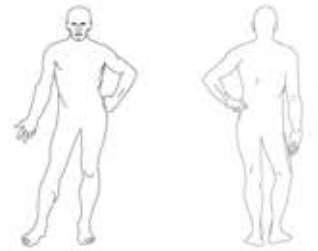
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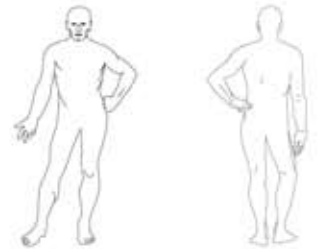
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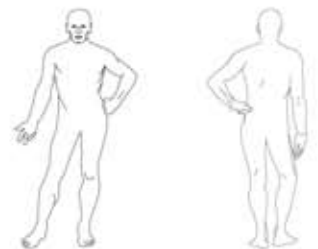
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Date: _____ Duration: _____



Key: Symbols for figures

- Pain O
- Stiffness/tension ≡
- Spasm ≈
- Adhesion/Scar tissue X
- Inflammation O
- Elevation or depression /
- Rotated ↺ or ↻

Key: Abbreviations

- R = right
- L = left
- BL = bilateral
- ROM = range of motion
- XFF = cross fiber friction
- P = pain
- M = massage
- HA = headache
- < = less than
- > = greater than

