

Boulder Massage Therapy Institute Clinic

SOAP Chart

Client Name: _____

Date: _____

Changes since last visit: _____

SUBJECTIVE

(Area of Concern, Intensity, Frequency)

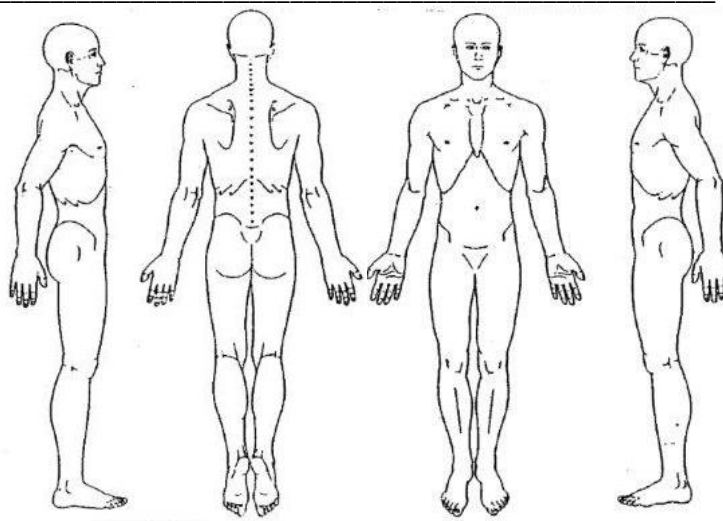
Aggravating Activities: _____

Relieving Activities: _____

Today's Session Goal: _____

OBJECTIVE / OBSERVATIONS

(Tx, Visual/Palpable Findings)



ASSESSMENT

(Resulting Subjective and Objective Changes)

PLAN

(Massage Plan/Self-Care Education/Notes)

Massage Therapist Signature (SMT or LMT)

Date

Supervisor Signature

Date

Print Therapist Name

Print Supervisor Name