

Myofascial Clinic of Beaumont, Texas Craig Connors, Owner/Therapist
POLICY, PROCEDURES, AND LIABILITY WAIVER

Massage Assessment Form

Client Name: _____ Assessment Date: _____

Chief Complaint: _____ Date of Onset: _____

Brief Description of Onset: _____

Since onset, symptoms have been getting: ☐ Better ☐ Worse ☐ Staying the Same

Current Pain (0-10): ____/10 Pain range during *past 3 days*: ____/10 (at best), to ____/10 (at worst)

Pain or symptoms are: ☐ Constant ☐ Intermittent

Description of pain: ☐ Sharp ☐ Aching ☐ Stabbing ☐ Shooting
☐ Dull ☐ Burning ☐ Throbbing ☐ Other: _____

What *increases* client's pain or other symptoms, and makes condition *worse*? (Mark all that apply)

☐ Sitting ☐ Walking ☐ Coughing ☐ Specific position: _____
☐ Standing ☐ Bending ☐ Exertion ☐ Activity or movement: _____
☐ Lying down ☐ Reaching Pressure Other: _____
☐ ☐

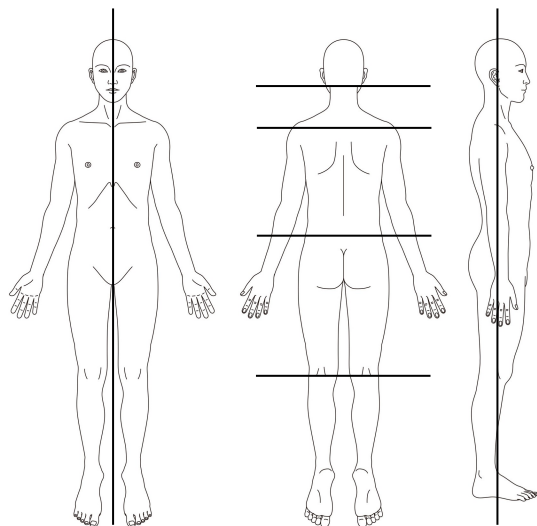
What *decreases* client's pain or other symptoms, and makes condition *better*? (Mark all that apply)

☐ Sitting ☐ Rest ☐ Massage ☐ Specific position: _____
☐ Standing ☐ Ice ☐ Stretching ☐ Activity or movement: _____
☐ Lying down ☐ Heat Medication Other: _____
☐ ☐

Has client seen other healthcare providers or tried other treatments for current problem? ☐ yes ☐ no

List treatments and results: _____

Visual Assessment



Note

Postu

Movement/

Gai

⚡ Pain

● Tender point

≡ Adhesion

^ Elevation

* Hypertonicity

✕ Trigger point

○ Swelling

↻ Rotation