

THE HEALING GARDEN OF DESTINY

Clinical SOAP Note / Session Record

Client Name: _____

Date: _____

Session #: _____

S - SUBJECTIVE (The Client's Report)

Client's goals for today, report of progress since last visit, new symptoms, stress levels, medications/supplements taken recently.

O - OBJECTIVE (The Practitioner's Findings)

Fascia Map findings, postural assessment, palpation (temperature, texture, tone), range of motion (ROM), specific restrictions noted in the Movement Matrix.

A - ASSESSMENT (The Session Outcome)

Clinical impression of the tissue response, effectiveness of techniques used, changes in meridian flow or nervous system state during session.

P - PLAN (Future Care & Home Movement)

Recommendations for next visit, specific Movement Matrix exercises assigned, hydration/herbal advice, referral needs.

Practitioner Signature: _____

Credentials: _____