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)

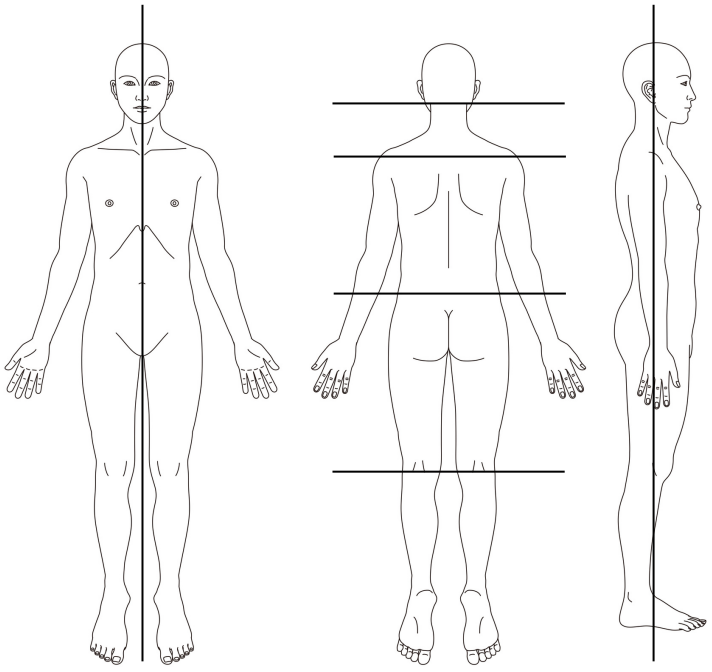
☐ Sitting ☐ Walking ☐ Coughing ☐ Specific position: _____
☐ Standing ☐ Bending ☐ Exertion ☐ Activity or movement: _____
☐ Lying down ☐ Reaching ☐ Pressure ☐ Other: _____

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

Notes:

Posture:

Movement/ROM:

Gait:

Pain Tender point Adhesion Elevation
Hypertonicity Trigger point Swelling Rotation

Additional notes on visual assessment : _____

_____

_____

Palpation Assessment

Notes:

Consider characteristics of skin, warm/cool, dry/damp, subcutaneous tissues, muscle, fascia, tendons, ligaments, lymph nodes, and areas of tenderness, weakness, soft tissue restrictions, swelling, etc.

Additional notes on palpation assessment : _____

_____

_____

Special tests: (+ / -) Test: _____ comments: _____

(+ / -) Test: _____ comments: _____

Assessment Summary:

SMART Goals

Client-Stated Goal: _____

Long-Term Goal: _____ Achieve by: _____

Short-Term Goals:

1. _____ Achieve by: _____
2. _____ Achieve by: _____

Treatment Plan: _____

_____ Frequency / Duration:_____

Recommended treatments:

- ☐ Massage
- ☐ Cryotherapy
- ☐ Heat
- ☐ Hot Stones
- ☐ Exercise
- ☐ Taping
- ☐ Myofascial Release
- ☐ Trigger Point Therapy
- ☐ Stretching / ROM
- ☐ Client Education
- ☐ Other: _____
- ☐ Other: _____

Therapist Signature _____ Date _____