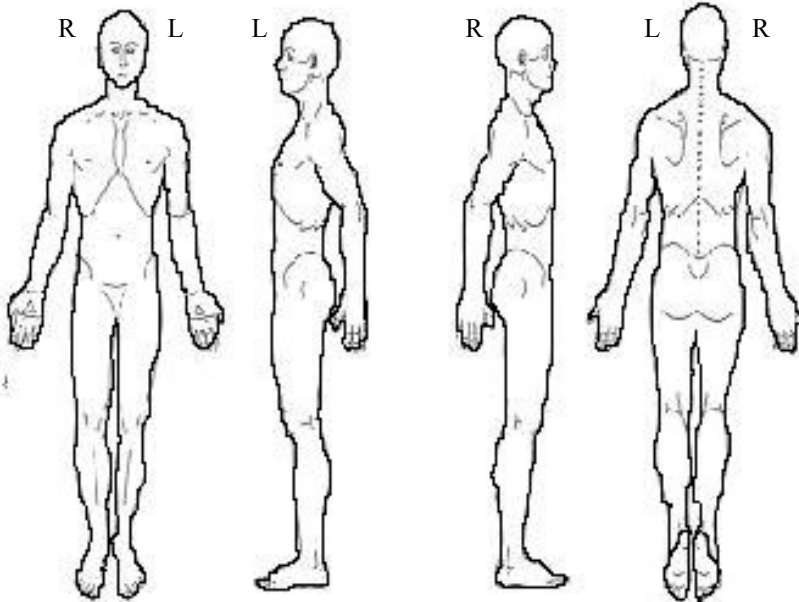


Fill Out This Block and Health Questions



Please mark areas of pain or desired concentration for today's session.

List changes in your health for your Massage Therapist: \_\_\_\_\_

**HOW DO YOU WANT TO FEEL AFTER THE MASSAGE?**

\_\_\_\_\_

**Email address** (only if changed): \_\_\_\_\_

**Signature** \_\_\_\_\_

**Checkout**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Therapist: \_\_\_\_\_

Session Length: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

check    cash    credit card  
 Venmo (@TOSNC)    Cash App  
(\$TouchOfSerenityNC)

Discount: Type: \_\_\_\_\_ %\$: \_\_\_\_\_

Massage Fee: \$ \_\_\_\_\_

Tip: \$ \_\_\_\_\_

Products: \$ \_\_\_\_\_

**HEALTH QUESTIONS**

- Have you had a Fever in the last 24 hours? Yes  No
- Cold/stomach/flu-like symptoms? Yes  No
- Contact with someone with a communicable disease in the last 10 days? Yes  No
- I will contact Touch of Serenity should I contract a communicable disease within 10 days. Yes  No

**SOAP NOTES** (for Massage Therapist only)

Subjective (description of symptoms)

Objective (observations)

Assessment (record of changes in client)

Plan (list of recommendations)

- FBM
- Neck/Head/Jaw
- Shoulders    R    L
- Arm/Hand    R    L
- Mid Back
- Low Back/Psoas
- Hips/Glutes/  
Piriformis
- Quads/Hamstrings
- Calves/Feet
- Pecs (explain)
- Abdomen (explain)

- Pressure
- 1-3     3-5
  - 5-7     8-10
  - \_\_\_\_\_

- 1<sup>st</sup> Massage
- Intake Language
- Pain Language
- Incident Report
- Other

**Rebooked**

Notes:

Other: