

BYI MASSAGE INFORMATION SHEET

Name _____

Date _____

Phone: _____

S **Subjective Findings**

Symptoms, frequency, duration, intensity, how condition started, aggravating activities/ relieving activities, etc:

Client's Expectations/Goals:

O **Objective Findings**

Observations, tests & results:

Treatment Goals:

A **Assessment / Applications**

Type of massage treatment given:

Report any changes due to massage:

P **Planning**

Homework:

Plan for next session:

Long range goals & plans:
