Massage Record of Progress

BEFORE Massage Appointment:

NAME: **DATE**:

Circle: skin rash cold/flu open cuts bruises anything contagious. Specify:

Reason(s) for **Today's** Visit/Symptoms: (specify: where is pain/symptoms, goals for **TODAY'S** visit, left/right/front /back)?

TIMING: When did symptoms start?

Mark: Are the symptoms __*constant* __*intermittent* __ acute __chronic?

Mark: Does the intensity of the symptoms fluctuate? __Y / __N
When during the day is your symptoms/pain the *worst*? __Morning __Afternoon __Evening __Sleeping.
When is it *best*? __Morning __Afternoon__ Evening __Sleeping

***Mark**:* Quality(s) of symptoms/pain*:*
__*Burning* __*Stabbing* __*Aching* __*Throbbing* __*Exhausting* __*Penetrating*
__*Tiring* __*Tender* __*Nagging* __*Tingling* __*Miserable* __*Shooting*
__*Gnawing* __ *Numb* __*Dull* __*Sharp* __ *Intermittent* __*Unbearable*

***Circle**:* Severity of symptoms/pain **NOW**: (None) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable)
LOWEST level over the PAST 2 WEEKS: 0 1 2 3 4 5 6 7 8 9 10
HIGHEST level over the PAST 2 WEEKS: 0 1 2 3 4 5 6 7 8 9 10

What **aggravates** your symptoms/pain? (Length of aggravation mins/hrs/days if applicable?)

What **relieves** your symptoms/pain? (Length of relief mins/hrs/days if applicable? ex: massage yoga exercise sleep exercise hot/cold medicine acupuncture PT etc.)

Mark and Specify: any changes and/or notable differences __ positive or __ negative effects as a result of **LAST** appointment (exception of initial visit) or __ no change:

AFTER Massage Appointment:

***Mark**:* Quality(s) of symptoms/pain*:*
__*Burning* __*Stabbing* __*Aching* __*Throbbing* __*Exhausting* __*Penetrating*
__*Tiring* __*Tender* __*Nagging* __*Tingling* __*Miserable* __*Shooting*
__*Gnawing* __ *Numb* __*Dull* __*Sharp* __ *Intermittent* __*Unbearable*

***Mark**:* Severity of symptoms/pain NOW: (None) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable) or __no change

Specify any changes and/or notable differences (positive or negative) effects as a result of **CURRENT** appointment: (physical/emotional (mood)/tangible/educational etc) or __no change.

Circle: I understand that drinking at least 2 or more 8oz of water BEFORE and AFTER my apt. is important for treatment to flush toxins released from massage. Y / N

Notes from LMP (posture, gate, ROM):