Massage Session Note (SOAP)

Client name or ID _____ Date _____ Session length _____

Therapist _____

S - Subjective (what the client tells you)

Reason for visit, what the client reports today, changes since last session, discomfort rating (0 to 10) _____

O - Objective (what you observe and find)

Posture, movement observations, palpation findings, tissue texture, areas of tension or tenderness.

A - Assessment (your professional summary)

Summary of the findings, how the client responded during the session, session goals.

P - Plan (what you did and what comes next)

Techniques used, pressure, areas treated, any recommendations given, suggested rebooking interval, notes for next session.

Area treated	Technique	Pressure	Minutes

Therapist signature _____ Date _____

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