Subsequent Visit Case History/Treatment Form

Date **Massage Treatment Log # _____**

Time

Client's Personal Information

First Name Surname

Contact Phone ☐ Male ☐ Female

Date of Birth Occupation

Email

Medical History / Contraindications

Have there been any changes since last treatment? (e.g. any new illness/injuries/medical conditions, pregnancy)

☐ NO ☐ YES ➔ Please detail below

Reaction to Last Treatment

How are they feeling– Better / Worse? What changes have they experienced?

Reason for Massage Today:

Purpose for treatment today ☐ Relaxation – focus on:_____

☐ Specific condition or problem ➔ Please detail below

Specific Condition or Problem :

Exact location of Problem:

Cause/Reason:

Duration of Problem: ___ Years ___ Months ___ Weeks ___ Days

Type of Pain: Frequency: Intensity of Pain 1 to 10 (10 being the strongest):

What makes it better / worse?

Other Treatments ☐ NO ☐ Yes

Notes

Client Consent & Signature

This is to confirm and acknowledge that the abovementioned information is accurate to my knowledge. I give consent for treatment by a student massage therapist and have the right to withdraw consent at any time. The student has explained the treatment plan to me. I will communicate information, such as pain or discomfort levels, throughout the session to ensure my own safety and effectiveness of the session. I acknowledge that there may be post treatment effects including muscle soreness and tenderness. As part of this student massage treatment I agree to be available for contact, using the details above, in order to verify this treatment has taken place. I consent to ALG using and storing this information for assessment purposes in accordance with the ALG Privacy Policy.

Signed ..... Date .....

Assessment (postural and other)

Additional comments

Massage Treatment Details

Type of Massage:	☐	Swedish	☐	Deep Tissue					
Duration	☐	1 hour	☐	1 ½ hours	☐	2 hours			
Areas Worked On:	☐	Upper Back	☐	Lower Back	☐	Head	☐	Neck	☐ Shoulder
	☐	Arms	☐	Abdomen	☐	Legs	☐	Feet	

Details

What was Found

Precautions Taken

Advice Given / Referral

Student Details

Student Name: Signature: Date: