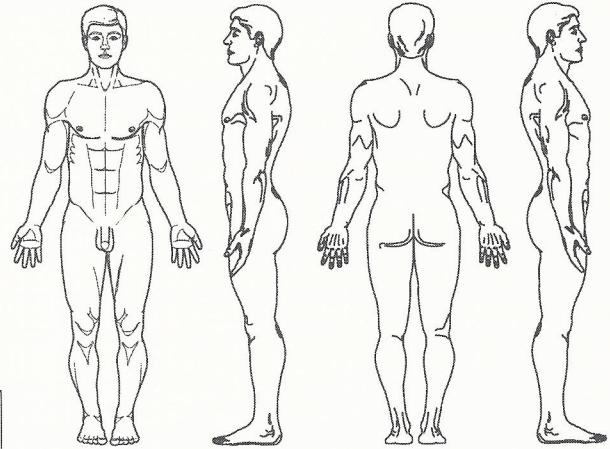


Client Name: _____ Date: _____

Identify CURRENT symptomatic areas in your body by drawing the appropriate symbols on the figures below.

- Circle areas of PAIN
- "X" over areas of JOINT AND MUSCLE STIFFNESS
- Draw wavy lines along the areas of NUMBNESS OR TINGLING
- Mark RECENT SCARS, BRUISES or OPEN WOUNDS



How I feel today: _____

Confirmation of Consent: (Client: Initial below to clarify your desire for specific treatment)

- _____ **General Consent:** I request and authorize my massage therapist to expose, touch and provide a variety of massage techniques directly on my skin. I understand I have the right and ability to discontinue my massage treatment at any time as well as the right to have a witness of my choosing present during my treatment.
- _____ **Breasts:** I am requesting for my therapist to expose and massage my breasts
- _____ **Nipple/Areola:** I am requesting my therapist to expose and massage my nipple and/or areola
- _____ **Gluteal:** I am requesting my therapist to modify draping to expose my gluteal cleft

Additional Subjective Notes

Back / Posterior Shoulder:

| | |
|---------------------|-------------|
| Erector Spinae | L R B TP SP |
| Infraspinatus | L R B TP SP |
| Latissimus Dorsi | L R B TP SP |
| Psoas | L R B TP SP |
| Quadratus Lumborum | L R B TP SP |
| Rhomboids | L R B TP SP |
| Serratus Anterior | L R B TP SP |
| Subscapularis | L R B TP SP |
| Supraspinatus | L R B TP SP |
| Teres Minor / Minor | L R B TP SP |
| Trapezius, Upper | L R B TP SP |
| Trapezius, Lower | L R B TP SP |
| Triceps | L R B TP SP |

Leg:

| | |
|---------------------------|-------------|
| Adductors (upper - lower) | L R B TP SP |
| Biceps Femoris | L R B TP SP |
| Gastrocnemius | L R B TP SP |
| Peroneus Longus/Brevis | L R B TP SP |
| Quadriceps Femoris Group | L R B TP SP |
| Sartorius | L R B TP SP |
| Soleus | L R B TP SP |
| Tensor Facia Latae | L R B TP SP |
| Tibialis Anterior | L R B TP SP |

Arm:

| | |
|-----------------|-------------|
| Biceps Brachii | L R B TP SP |
| Deltoid | L R B TP SP |
| Extensor Group | L R B TP SP |
| Flexor Group | L R B TP SP |
| Triceps Brachii | L R B TP SP |

Neck / Head:

| | |
|-------------------------|-------------|
| Levator Scapulae | L R B TP SP |
| Masseter | L R B TP SP |
| Scalenes (Ant-Med-Post) | L R B TP SP |
| Splenius Capitis | L R B TP SP |
| Splenius Cervicis | L R B TP SP |
| Sternocleidomastoid | L R B TP SP |
| Suboccipitals | L R B TP SP |
| Temporalis | L R B TP SP |

Hip:

| | |
|------------------|-------------|
| Gluteus Maximus | L R B TP SP |
| Gluteus Med/Min. | L R B TP SP |
| Iliacus | L R B TP SP |
| Piriformis | L R B TP SP |

Chest:

| | |
|------------------|--------------------------|
| Intercostals | L R B TP SP |
| Pectoralis Major | L R B TP SP |
| Breast* | *See Treatment Rationale |

Legend: B = Bilateral
 L = Left TP = Trigger Point
 R = Right SP = Spasm

Objective:

Treatment Rationale:

Assessment:

Treatment Codes for Today:

_____ units 97124 Massage 15min
 _____ units 97112 NMR 15min
 _____ units 97140 Manual Tx 15min

Additional Codes?

Co-Pay Received?

\$

Therapist Initials:

Plan: