

MASSAGENERD.COM

Presents *(Part 1 of 2)* -

**SOAP
Charting
&
Others**

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Go to www.sohnen-moe.com/forms.html for many forms

Legal Disclaimer

All models are at least 18 years of age. The techniques, ideas, and suggestions in this document are not intended as a substitute for proper medical advice! Consult your physician or health care professional before performing or receiving a massage, particularly if you are pregnant or nursing, or if you are elderly, or if you have any chronic or recurring conditions. Any application of the techniques, ideas, and suggestions in this document is at the reader's sole discretion and risk.

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ACQUIRING INFORMATION

The primary goals of acquiring a client's history are to accurately determine the origin of the person's problem and its impact on the person's life.

Remember to LISTEN to your client, and let those responses guide your interview:

- Make every effort to be as sure as is possible that you understand what your client is trying to tell you.
- Be ready to recognize from your clients' communication any gaps they leave which you the therapist should endeavor to fill by asking appropriate questions.
- Make use of every possible opportunity to use your non-verbal expressions to show your understanding and concern for the client.

The questions that the therapist asks should be, for the most part, open-ended in that they require more than a yes or no response. This allows clients to describe their circumstances in their own words.

Questions about the client's problem:

- What brings you to physical therapy? (if not obvious)
- **Location:** "Where is it located?" Indicate the primary area of pain.

If the person uses:

- **Finger:** indicates a small area, no spreading of discomfort, problem probably not severe, relatively superficial, or both.
- **Whole hand:** diffuse area as primary site : suggests lesion is more severe, more deeply situated, or both
- **Moving hand:** spreading or radiating of the pain : if along a well-defined pathway : dermatome: probably nerve root problem
- **General area, diffuse:** most likely referred pain, possibly visceral in origin

Onset: "How and when did it occur?" (Include a description of the mechanism and position of injury.)

How and when did the problem arise (mechanism of injury and date of onset)?

- Gradual versus sudden onset
- Sudden onset.
- Gradual

Position the person was in when the injury was acquired (whether sudden or gradual onset).

Have you started any out-of-the-ordinary activities recently?

- **Characteristics:** "Describe your problem," "How does it feel (pain or other symptoms) and how does it make you feel?" "Does your problem occur at certain times?"
- **Intensity:** "How bad is your problem?" (What impact does this problem have on your life? What are you unable to do because of this problem, with respect to all aspects of your life: self-care, home, work, and leisure?) Have the client rank the problem, using a scale, such as 0 to 10 (give criteria for 0 and for 10, such as 0 = at its best, 10 = at its worst).
- **Duration:** "If certain activities cause you pain, how long does it last after you stop the activity?" "Is it constant, or intermittent?"
- **Aggravating factors:** "What makes the problem worse?" "What do you notice this problem to be associated with?" When do you typically feel the pain?
- **Alleviating factors:** "What makes the problem better?"

Assess the Impact of the Problem on the Person's Life:

Questions about the person should focus on the activities that the person performs and the environments in which they perform them. The activities should address home, work, and leisure/play and should reflect a typical day for the client.

- "Tell me about yourself."
- "Tell me about your home life." (What physical activities do they have to perform at home, describe the home environment, is the person married, do they have children. etc.)
- "Tell me about your work." (What physical activities do they have to perform, describe the work environment, etc.)
- "What do you like to do in your spare time?" (Describe the physical activities and their environments related to hobbies, recreation, etc.)
- "Prioritize the activities from each of these areas that you want to return to doing."
- "Describe your 'typical day' before your problem and after your problem."

Additional Questions:

- What is it that this problem is keeping you from doing that you want to get back to doing?" This is the client's Outcome Statement. (Have the client prioritize those affected activities, from most to least important).
- "Do you have any other problems?"
- "What medications are you currently taking?"
- "Have you had any previous physical therapy?" (If yes, describe; was it successful?)
- "How do you feel right now?"
- "Is there anything else you would like for me to know?"
- During the interview and subsequent treatment, therapists continually seek to gather information from their clients

CHARTING BASICS

SOAP Charting Format

A medical charting system, in which:

S = Subjective (what the client says, or subjective impressions).

O = Objective (what the provider's findings are, or clinical data).

A = Assessment (Any changes, the diagnosis, or what the client's condition is).

P = Plan for the next treatment, (further studies and suggested treatment).

Note: Not noted in the usual SOAP format, but nonetheless important, is Functional Outcome: What the client can do (or expect to do) because of the treatment rendered. Which charting format is best - Any charting format will do in a jury trial.

Reasons for charting

Other health care professionals find the format and language familiar and it is a good way to communicate with other health care professionals. Use of charting enhances the image of massage and charting validates massage as curative adjunctive treatment by providing client progress.

Insurance companies accept it as proof of reasonable care and it provides evidence for attorneys as proof of significant injury. It suggests a structure for research using case studies. The main reason is: "Memory is limited and if it is not written, it did not happen."

Rules for charting

- | | | |
|--|---|---|
| <ul style="list-style-type: none">▪ Chart in chronological order▪ Black ink (Blue is sometimes acceptable)▪ Write clearly, concisely and legible▪ No ditto marks or initials▪ Do not skip lines▪ Use correct grammar and spelling.▪ Write objectively (no bias, opinions, judgments)▪ Draw a line through empty space | <ul style="list-style-type: none">▪ Include the Date, Session #, Time started and Length of session in the left hand corner▪ Re-date your entry if moving onto another page▪ Write notes ASAP after giving the massage treatment▪ Sign the end of the chart with your first name, last name and professional title▪ Use phrases – not full sentences. | <ul style="list-style-type: none">▪ Client's name must be on every page.▪ Use correct terms and abbreviations.▪ Name of client, physician and page # all can go on the top right corner▪ The person who observed an occurrence or completed a procedure, records it.▪ Use quotes around what the client said▪ Never alter therapy records▪ Some people say to keep your files for 7 years |
|--|---|---|

DON'T

- **Don't:** Write biases, value judgments, and opinions.
- **Don't:** Write generalizations (I.e. good, fair, usual, large)
- **Don't:** Erase, use write out, or scribble out an error. Instead draw a single line through entry, write error above it and initial.
- **Don't:** Use erasable or colored ink
- **Don't:** Double chart - info only needs to be in one place
- **Don't:** Squeeze information in – instead write on next available space. Write what and when info occurred. Then document time of entry.

When to chart

The best time to chart the Subjective part is when the client is getting undressed; the Objective part can be charted when, the client is getting dressed. The Assessment and Plan part can be charted when, the client leaves. It is always best not to leave SOAP notes uncharted over night, because you can and will forget what your treatment entailed.

Filing

Put your files in alphabetical order with last name first and always put their name on the soap notes. Some people color coat the files for men and women to make it easier. If you have not seen a client for 6-12 months, place them in another file system (But leave them in your office). Never leave the files around for the client to see them.

Communication

Communication skills are used in listening, speaking, writing, and assessing non-verbal messages. To summarize is briefly stating what the client said and clarify is asking the client more information. When you use exploring, it is going over intake-form with the client and discovering new facts. When you are not sure what the client said you might need to paraphrase (in other words, what you are saying is...).

Open-end and Closed-end questions

Closed-end questions are questions that you ask the client that require a yes or no answer. Closed-end questions do not get the whole story and you need to ask a lot more questions. Here is an example: Are you hurting today...Do you want a relaxing massage today?

Open-end questions are questions that you ask the client that require more than a yes or no answer. Open-end questions are more valuable and more useful in determining what the client wants. Here is an example: Where do you feel the pain right now...Where does the pain start?

Abbreviations

The use of abbreviations can be useful to expedite charting, but be sure that everyone reading the chart knows what the abbreviations mean. The problem with abbreviations is that they are not regulated and people make their own abbreviations up. Be careful what you choose to abbreviate and make sure the average healthcare worker can understand them.

Late entries

Must clearly be identified as late entries and note the time of the event and the time of the late entry as well as the appropriate identification. Documenting activities out of chronological order may suggest that the record is not accurate. This suggestion may be tempered by appropriately recorded late entries. Never leave blank lines for someone else to insert notes. If there are blanks in your record you must put a single line through the area to ensure yourself and anyone reading the record that there was no opportunity to alter the original record. Inserted text or text that extends beyond the recognized writing or recording area may also suggest that the notations were made as an afterthought or to cover-up activities.

Corrections

In a health record must be made in an honest and straightforward manner. Notes that have been erased or obliterated suggest that there is something to hide.

When you are correcting an entry make sure that the mistake is still legible (e.g., draw a single straight line through the entry). Initial the error and note that it is an error or draw attention to the correction. Do not use "white-out."

Maintaining Client Confidentiality

- Never write client's full name on paper that will leave your place of business.
- Keep paperwork in secure areas.
- Never leave computer if you are logged in.
- Never give anyone your computer access code.
- Chart in private area. "Who may be able to see what you are reading/writing?"

SOAP CHARTING

SUBJECTIVE

To make it simple it means, "What is the client telling you?" The subjective part can also include anything the client writes on the health form and any verbal and nonverbal communication they give you (Studies indicate that as much as 94 percent of communication is nonverbal). Here are more things that can go in the subjective part: Medications they are on, diseases they have, previous accidents, special precautions to take, current problems, what type of massage they want, what areas they want massaged and what areas do they not want massaged.

A good way to find out how they handle their day-to-day activities is with a pain questionnaire (The form is one that rates all activities and how much pain they have with each).

Pain questions to ask:

- Where is the location of the pain?
- How bad is the pain at any given time?
- How long have you had the pain?
- Have you ever had this pain in the past?
- What is the frequency of the pain?
- How does the pain start?
- Is the pain more on one side than the other?
- Does your job increase your pain?
- What aggravates the pain?
- Does anything relieve the pain?
- If you do not know how you got the pain, have you ever injured yourself there before?
- "Tell me about yourself."
- "Tell me about your home life." (What physical activities do they have to perform at home, describe the home environment, etc.)
- "Tell me about your work." (What physical activities do they have to perform, describe the work environment, etc.)
- "What do you like to do in your spare time?" (Describe the physical activities and their environments related to hobbies, recreation, etc.)
- "Prioritize the activities from each of these areas that you want to return to doing."
- "Describe your 'typical day' before your problem and after your problem."
- "What is it that this problem is keeping you from doing that you want to get back to doing?" This is the client's

Outcome Statement. (Have the client prioritize those affected activities, from most to least important).

- "Do you have any other problems?"
- "What medications are you currently taking?"
- "Have you had any previous physical therapy?" (If yes, describe; was it successful?)
- "How do you feel right now?"
- "Is there anything else you would like for me to know?"
- **Characteristics:** "Describe your problem," "How does it feel (pain or other symptoms) and how does it make you feel?" "Does your problem occur at certain times?"
- **Intensity:** "How bad is your problem?" (What impact does this problem have on your life? What are you unable to do because of this problem, with respect to all aspects of your life: self-care, home, work, and leisure?) Have the client rank the problem, using a scale, such as 0 to 10 (give criteria for 0 and for 10, such as 0 = at its best, 10 = at its worst).
- **Duration:** "If certain activities cause you pain, how long does it last after you stop the activity?" "Is it constant, or intermittent?"
- **Aggravating factors:** "What makes the problem worse?" "What do you notice this problem to be associated with?" "When do you typically feel the pain?"
- **Alleviating factors:** "What makes the problem better?"

Subjective simplified - Any info the client tells you (I had my right femur broke in 97), Health history, client goals (what the client wants out of the massage), update (what happened since last massage), symptom's (headaches), location (upper back), intensity (scale of 1-10), duration (couple hours after sitting for a long time), frequency (3 times a week), onset (when sitting for long periods of time), aggravates (lifting heavy things), relieves (aspirin, ice), pain questionnaire.

OBJECTIVE

To make it simple it means, “The data the therapist takes from palpation.” It also means: visual-postural analysis, limps, muscle guarding, holding patterns, inconsistencies in movements, atrophy, hypertrophy, bruises, abrasions, scars, swelling, redness, skin irregularities, varicose veins, breathing patterns and prosthetics.

Treatment goals can be added to define the intention of your massage choices and that they insure that your treatment-plan has a purpose.

Objective simplified - Visual observations (scars, postural analysis), palpable findings (hypertonic, spasm), test results (change in ROM findings), treatment goals (why you are doing the treatment you are doing), the massage and techniques you did (sports massage, trigger point therapy, worked right rhomboid and hypertonic).

ASSESSMENT

To make it simple it means, “The therapist evaluates what she or he is doing.” It also means: Changes in client’s condition because of treatment and changes in symptoms. (Sometimes people include the application in the assessment part)

Assessment simplified - Changes in the client’s condition (more flexibility in neck), and symptoms after or during the massage (headache slightly improved).

S.O.A.A.P. (Application) - Sometimes therapists will include the treatment given in the assessment or make “S.O.A.A.P.” notes.

PLAN

To make it simple it means, “The client's next session will consist of, and any homework given to the client.” A treatment plan for next session can be included: what worked, what did not, what you did not address, and what you want to make sure to work on next time. If no changes have been noted in the assessment part, you may have ideas for next time. Recommend the client to get a massage on a regular basis: 1x / wk /4wks = eval (one time a week for four weeks and then evaluate them at the end of the four weeks). Always recommend how many times for them to come back, they might not follow it but at least you tried and you are looking out for their best interest.

Homework is just that, things the client can perform at home to help with the process of their treatment (stretching, exercise, ice/heat packs, change in diet) try alternatives to pain medication (ice /heat packs). Do not contradict what the primary health care provider instructed. Help them make short and long-term goals, short-term is weekly or monthly (I would like you to sit more than an hour without hurting in the next month) and long-term is 3, 6, 9 or 12 month periods.

Plan simplified - What worked and did not work (trigger point work was too much on right rhomboids, continue to concentrate on right low back), what to work on next time (low back, left leg...), how often to come in for treatment (2x / wk / 4wks = evaluation), what things they can do on their own (stretching, ice, heat...).

S.O.A.P.P. (Procedure) - Sometimes therapists will include “S.O.A.P.P.” and the Procedure part will include the treatment you gave and the last “P” will be the Plan.

Next visit - Review your notes on the client, before he or she arrives for their appointment. The subjective part is just an update since the last time you gave them a massage.

HOPS CHARTING

This is another form of charting.

- **History** (What the client tells you and what he or she writes down)
- **Observation** (Any visual things you see)
- **Palpation** (Anything you feel)
- **Special tests** (Muscle testing, R.O.M. or other tests)

CARE CHARTING

This is another form of charting.

- **Condition of the client** (Current condition of the client)
- **Action taken** (Type of massage given and length of treatment)
- **Response of client** (Physiological changes noted during and after the session)
- **Evaluation** (Overall evaluation of the session)

FOCUS CHARTING

This is another form of charting.

Goal: to make the client's concerns and strengths the focus of care. This is the first holistic charting.

Format of charting is "DAR."

D – Data

- Subjective and Objective

A – Action

- Actual and future massage actions. This includes changes in plan of care.

R – Response

- Client response to massage treatment.

Osteopaths often use a system of examination called ARTT to look for signs of somatic dysfunction:

- **A** = Asymmetry where there is an obvious difference in the appearance in an area compared to the opposite side.
- **R** = Range of motion where an area is either moving normally, in a restricted way, or is showing signs of hypermobility.
- **T** = Tissue texture where there is a difference between two areas when touching the soft tissues (skin, fascia, muscles).
- **T** = Tissue tenderness where there is a difference in the painful pressure threshold to touch in the muscles in an area.

DISCLAIMERS

I understand that the massage/bodywork/release work I will receive is provided for the basic purpose of relief from stress and muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that pressure or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork/release should not be considered a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified health care specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of a session should be considered as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the practitioner informed of any changes to the above profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the full time scheduled. I agree to honor the 24-hour cancellation policy or else be responsible for payment of 50% of the appointment fee that would have been due.

The following sometimes occur during massage. They are normal responses to relaxation and/or touch, and need not be embarrassed nor suppress them. Movement or release of intestinal gas - crying - laughing - strong emotions - sighing - groaning - yawning - softening of muscle tissue - cognitive or felt memories - stomach gurgling - need to move or change position. At any time during your session please let me know if there is anything I can do to help you feel more comfortable. I understand that the services provided are not a replacement for medical or psychological care and that any information provided is not prescriptive or diagnostic in nature and is for educational purposes only. I also give my permission for the CMT(s) with whom I work to discuss information pertinent to my condition(s) and treatment, with my other health care providers.

I have provided all my known medical information. The general benefits of massage, possible massage contraindications, and the treatment procedure have been explained to me. I acknowledge that massage is not a substitute for medical diagnosis and treatment. I give my consent to receive treatment.

The general benefits of massage, possible massage contraindications, and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Please carefully read the information, and then sign. A referral from your primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork perform under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I declare that the information I have given is correct and promise to notify the Therapist should there be any changes to my health. As far as I am aware I can undertake treatment without any adverse affects. I have been fully informed about any contraindications and am willing to proceed with the treatment.

ABBREVIATIONS

a ** Before	CTS Carpal tunnel syndrome	ext Extension	L-S lumbosacral	MCP Metacarpophalangeal	q2h Every 2 hours	s/p Status post
add Adduction	CA Cancer	ext rot External rotation	L-spine Lumbar spine	MVA Motor vehicle accident	RLE Right lower extremity	S.T. Speech therapy
A Active	cc Chief complaint	FWB Full weight bearing	LOB Loss of balance	Neg. Negative	R * Right	T/C Telephone call
A* Assistance	CHF Congestive heart failure	FROM Full range of motion	LTG Long term goal	NWB Non-weight bearing	RLQ Right lower quadrant	tol. tolerate(s)(ed)
AA Active assisted	c/o Complaints of	fib Fibula	LUE Left upper extremity	neg. Negative	rad. Radius	TENS Trans Q elect. nerve stim.
ax Axillary	COG Center of gravity	f/u Follow up	LTM Long term memory	npo Nothing by mouth	RA Rheumatoid arthritis	TMJ Temporomandibular joint
abd Abduction	CG Contact guard	flex Flexion	LOM Loss of memory	NKDA No known drug allergies	RUQ Right upper quadrant	THR Total hip replacement
ACL Anterior cruciate ligament	co-ord Coordination	FH Family history	L* Left	OT Occupational therapy	reps. Repetitions	TIA Transient ischemic attack
ADL Activities of daily living	cont. Continue	f/b Followed by	LAC Long arm cast	OS Occupational therapy	po By mouth	Therex Therapeutic exercise
AFO Ankle foot orthosis	CP Cold pack/cerebral palsy	funct. Function	LAQ Long arc quad set	OU Each eye	rot. Rotation	tid Three times a day
AKA Above knee amputation	c-spine Cervical spine	F Fahrenheit	LB Low back	p ** After	rn Registered nurse	temp Temperature
amb. Ambulate	c ** With	fx. Fracture	LBP Low back pain	prn As needed	RUE Right upper extremity	TPR Temperature, pulse, respirations
ant. Anterior	D * Dependent	gastroc Gastrocnemius	LUE Left upper extremity	PROM Passive range of motion	ROM Range of motion	Tx. Treatment
AROM Active range of motion	DIP Distal interphalangeal	HS At bedtime	med. Medial	post. Posterior	Rx Prescription	trax Traction
AAROM Active-assisted ROM	DIP Distal interphalangeal	HNP Herniated nucleus pulposus	med rot Medial rotation	Pos. Positive	STG Short term goals	US Ultrasound
ASAP As soon as possible	DAFO Dynamic ankle/foot orthosis	HP Hot pack	MH moist heat	PDR Physician's desk reference	sx Symptoms	URI Upper respiratory infection
art Articulation	D/C Discontinued	hosp. Hospital	MI Myocardial infarction	PCL Posterior cruciate ligament	sup. Supine	UTI Urinary tract infection
ASA Aspirin	dep Dependent	HEP Home exercise program	max. Maximum	PIP Proximal interphalangeal	STM Short term memory	vo Verbal orders
BLE Bilateral lower extremities	DIP Distal interphalangeal	H/O History of	min. Minimum	pt. Client	SLR Straight leg raise	vc's Verbal cues
bid Two times a day	DM Diabetes mellitus	EKG Electrocardiogram	mob. Mobilization	PMH Past medical history	SOB Short of breath	vss Vital signs stable
BKA Below knee amputation	DOB Date of birth	Hx History	mod. Moderate	PWB Partial weight bearing	S* Supervision	VS Vital signs
Bkwds Backwards	DNR Do not resuscitate	Hr Hour	LLQ Left lower quadrant	PVD Peripheral vascular disease	sm Small	WFL Within functional limits
BUE Bilateral upper extremities	disl. Dislocate	I * Independent	MTP Metatarsophalangeal	pros. Prosthesis	s ** Without	WNL Within normal limits
B* Bilateral	DJD Degenerative joint disease	IV Intravenous	MMT Manual muscle test	PSIS Posterior superior iliac spine	SAC Short arm cast	w/c Wheelchair
BP Blood pressure	DX, Dx, dx Diagnosis	IR Int. rot./infrared	MR Mental retardation	P.T. Physical therapy	S-C sternoclavicular	WB Weight bearing
BOS Base of support	e.g. For example	jt. Joint	MRI Magnetic resonance image	q Every	SBA Standby assistance	WBAT Weight bear as tolerated
BR Base of support	ES Electrical stimulation	KAFO Knee ankle foot orthosis	mod. Moderate	qid 4 times a day	shld. Shoulder	X Times
BRP Bathroom privileges	ECF Extended care facility	lat. Lateral	mob. Mobilization	qd Every day	SCM Sternocleidomastoid	# Pounds
CNS Central nervous system	EMG Electromyogram	LUQ Left upper quadrant	mod. Moderate	qh Every hour	SCI spinal cord injury	
	ER Emergency room	LCL Lateral collateral ligament	MS Multiple sclerosis	q4h Every 4 hours	S&S Signs and symptoms	
		LLE Left lower extremity	MAFO Molded ankle foot orthosis		SI Sacroiliac/steroid injection	
		L-Trax Lumbar traction	MCL Medial collateral ligament		SLP Speech/lang. pathologist	

* Signifies a circle should be placed around the letter.

** Signifies that a line should be drawn over the letter.

INFORMED CONSENT

I, _____, understand that the massage therapy given to me by a massage therapist is for the purposes of stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons noted here: _____

*I understand that massage therapy does not diagnose illness or disease, or any other disorder, and that the massage therapist does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

*I understand that massage therapy is not a substitute for medical examinations or medical care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.

*I understand that I have the right to have any part of my body not massaged (Please let the therapist know). I have stated all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.

Client Signature _____ **Date** _____

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INFORMED CONSENT

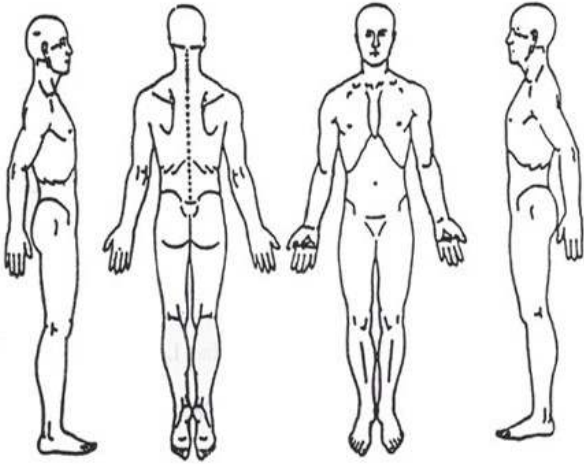
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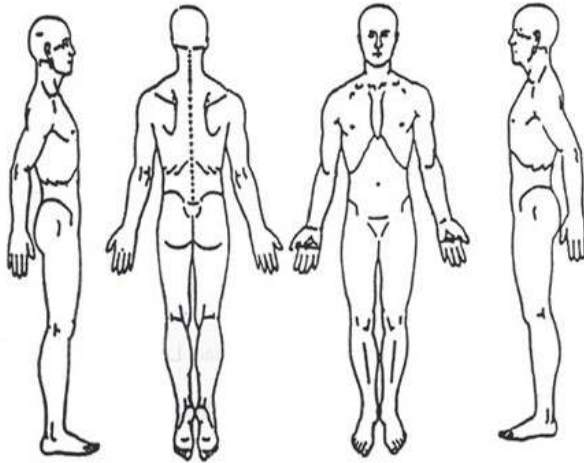
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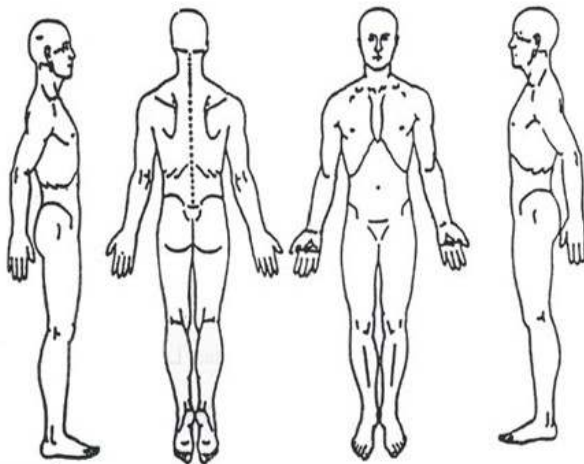
Name/Date _____

Comments _____



Name/Date _____

Comments _____



Name/Date _____

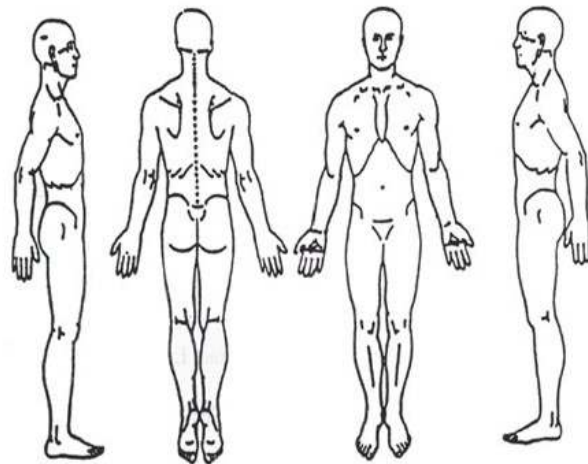
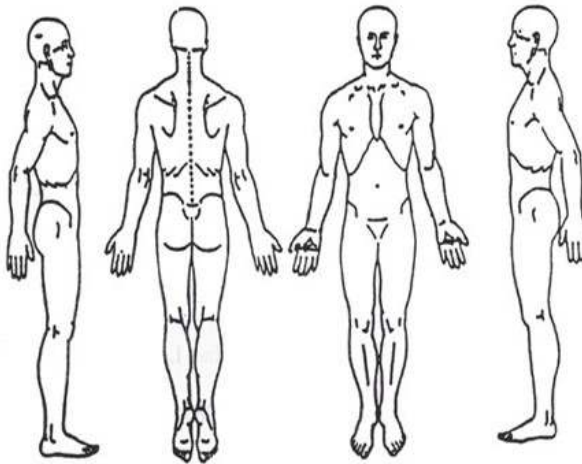
Comments _____

Ryan
Jay
Hoyme

Name _____

1st Session Chart

2nd Session Chart



Ryan Jay
Hoyme

Client Name _____

Date _____ Session # _____

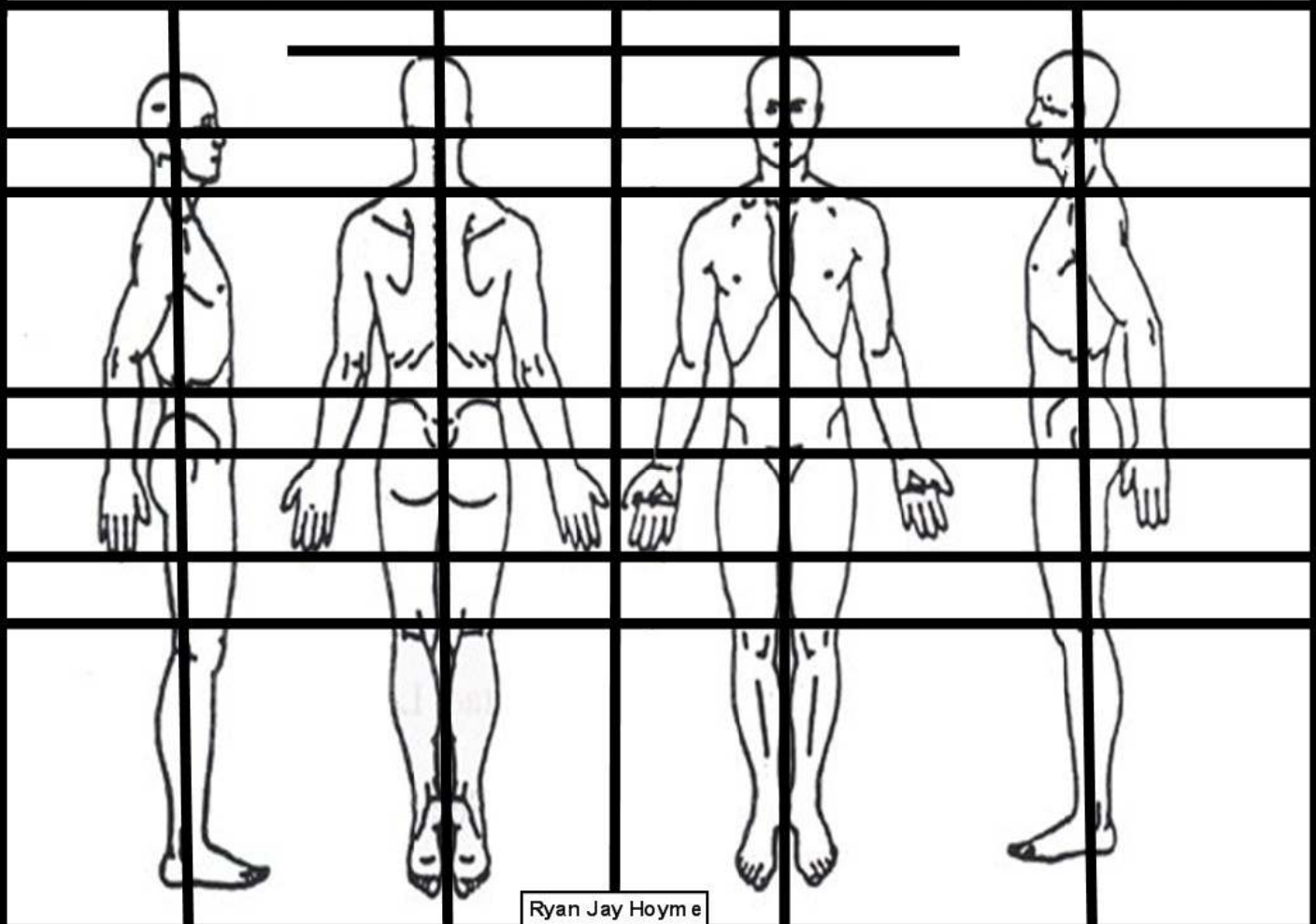
Pain Scale - 1 2 3 4 5 6 7 8 9 10

S: _____

O: _____

A: _____

P: _____



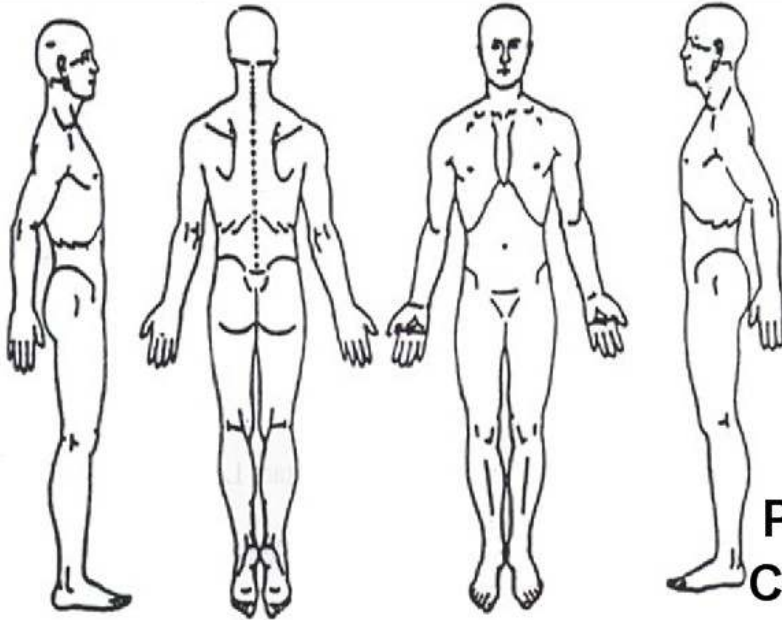
Ryan Jay Hoyme

Client _____ Date _____

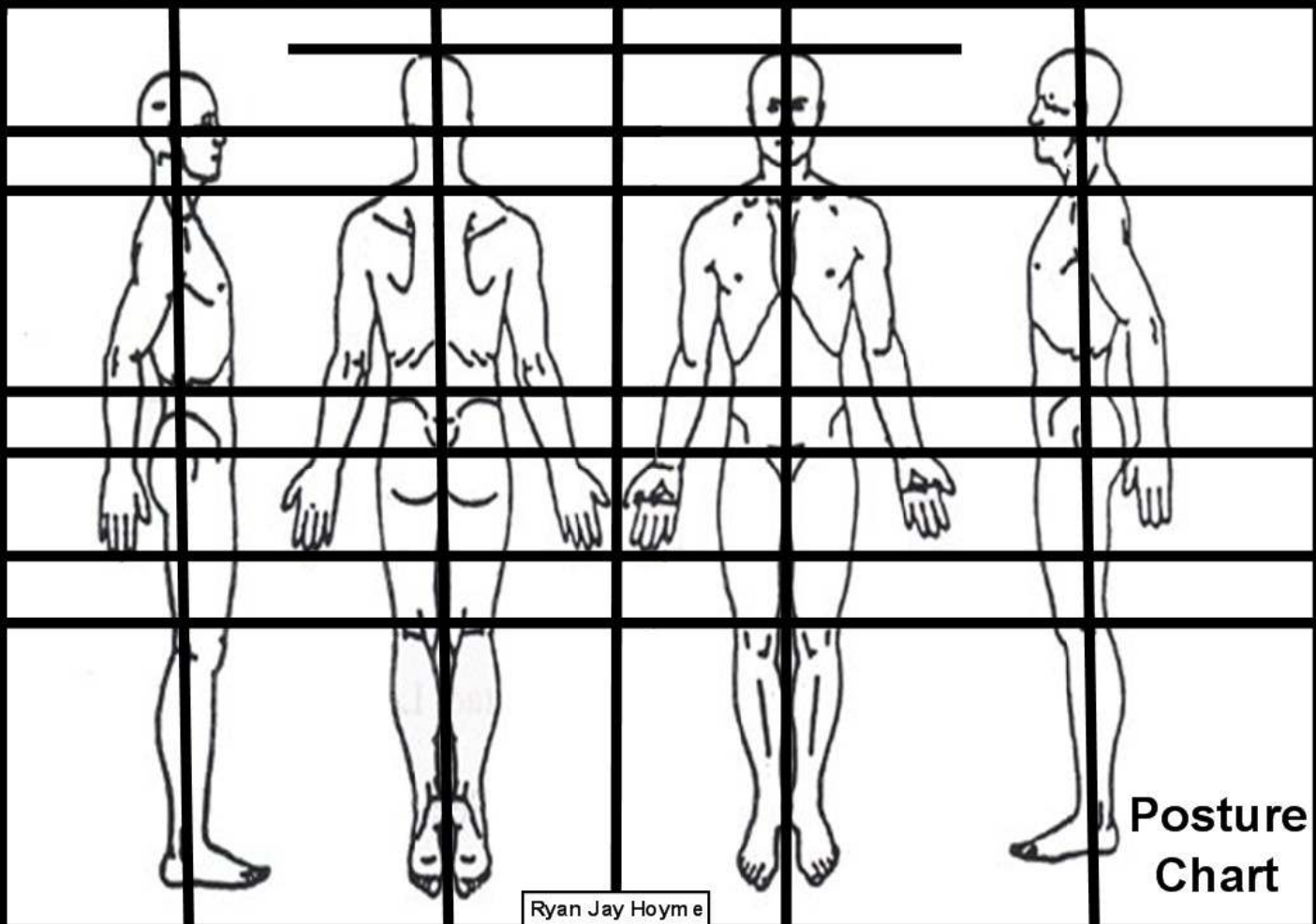
Session # _____

Pain Scale - 1 2 3 4 5 6 7 8 9 10

Comments: _____



Pain Chart



Posture Chart

Ryan Jay Hoyme

Client Name _____

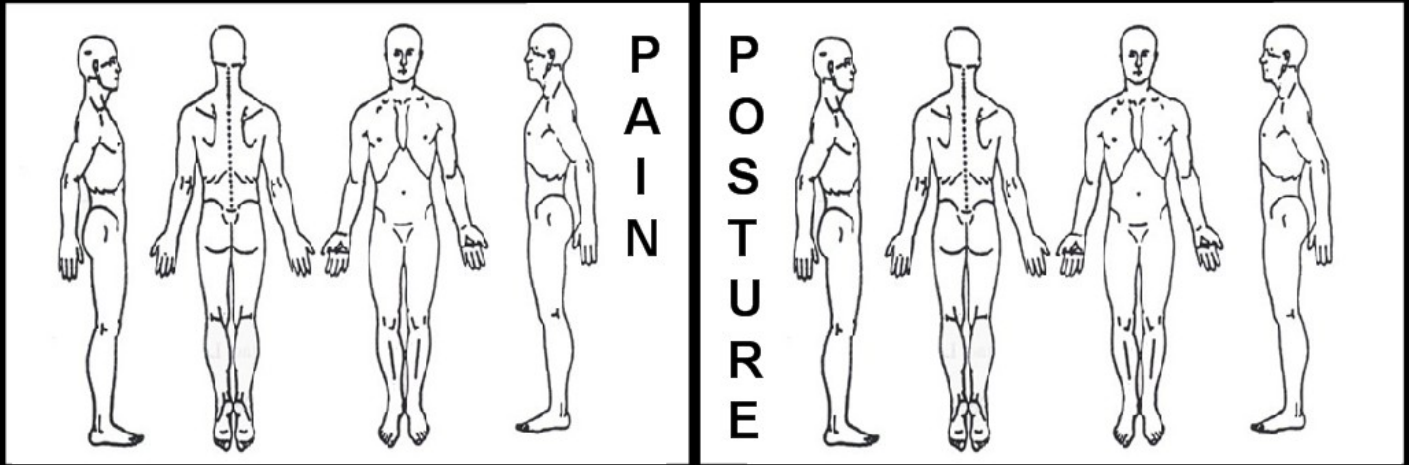
Date _____

S:

O:

A:

P:



Client Name _____

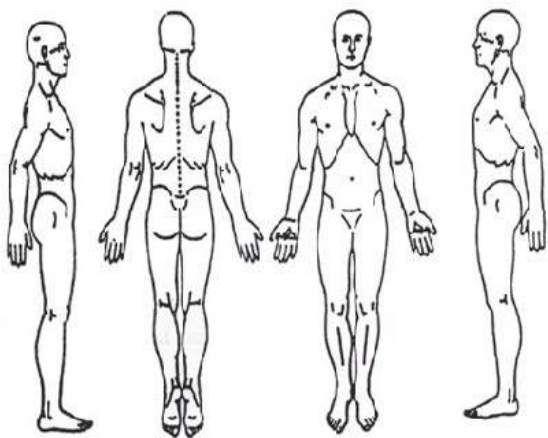
Date _____

S: _____

O: _____

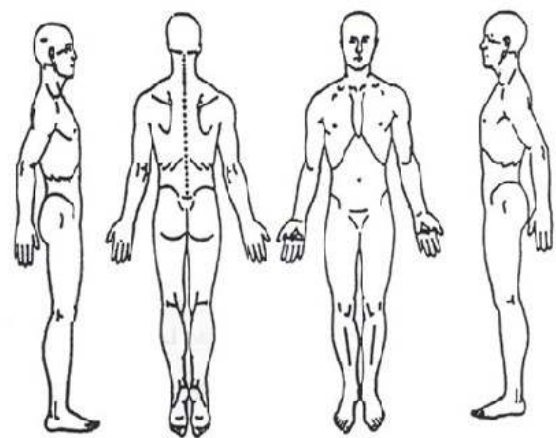
A: _____

P: _____



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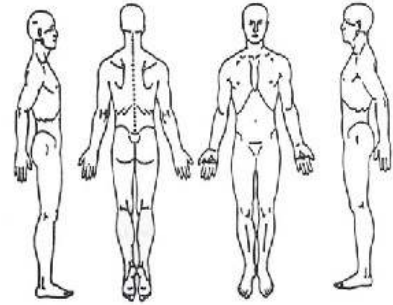


Client Name _____

Date _____

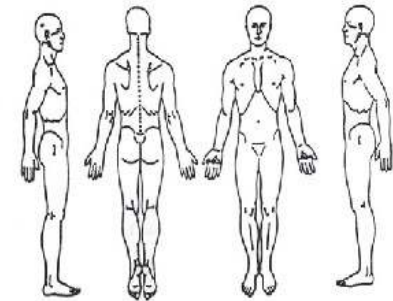
S:

P
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E



O:

P
A
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N



A:

P:

Comments: _____

Ryan Jay Hoyme

Name _____ Date _____ Session # _____ DOI _____

Where accident happened _____ What happened _____

Ins. claim number _____ Ins. Address _____

Ins. phone number _____

Ins. contact person _____

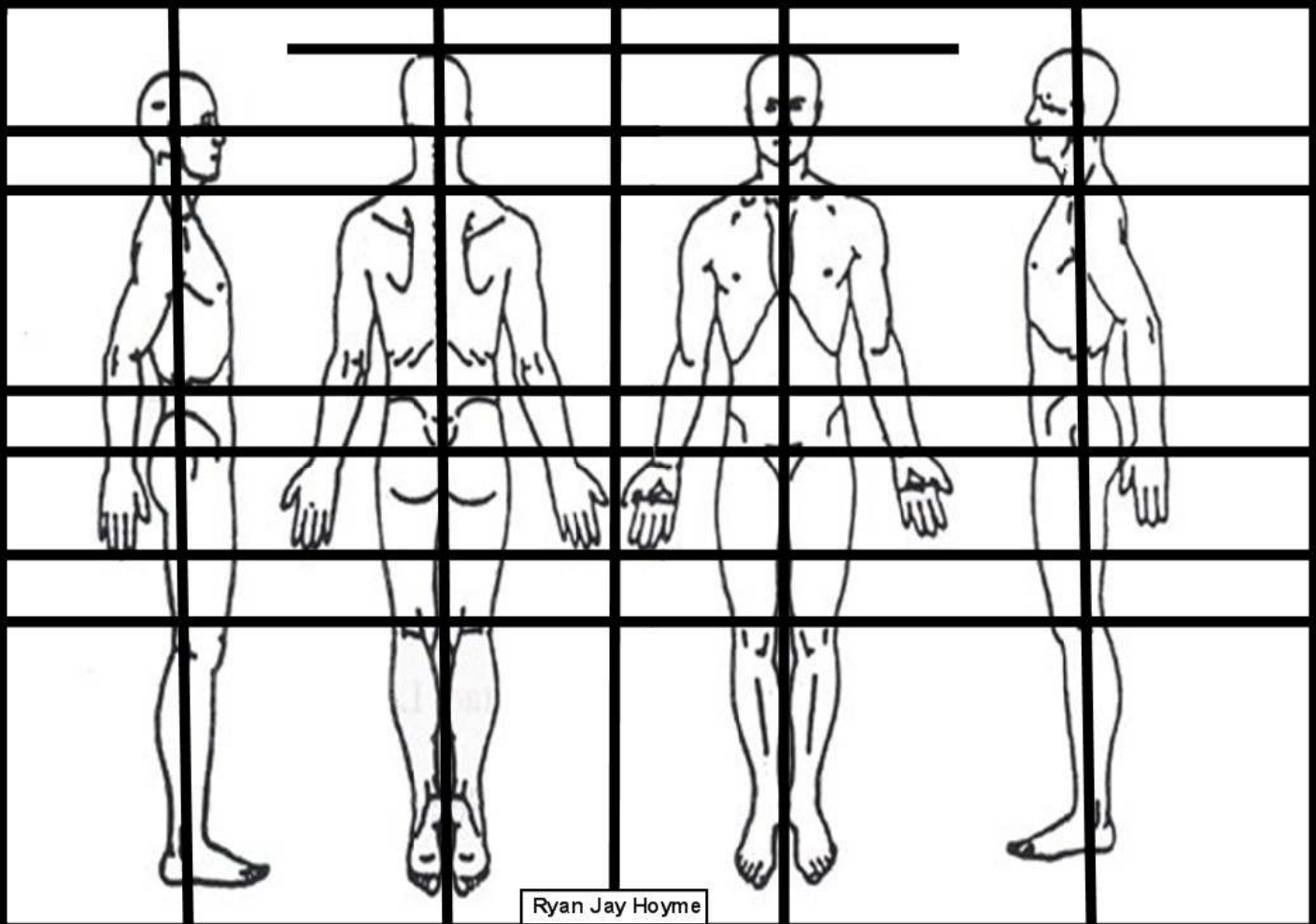
Pain Scale - 1 2 3 4 5 6 7 8 9 10

S: _____

O: _____

A: _____

P: _____



Ryan Jay Hoyme

CLIENT _____

Date:

S: _____

O: _____

A: _____

P: _____

Date:

S: _____

O: _____

A: _____

P: _____

CLIENT _____

Date:	<u>Subjective Complaints:</u>
	<u>Objective Findings:</u>
	<u>Treatment Given:</u>

Date:	<u>Subjective Complaints:</u>
	<u>Objective Findings:</u>
	<u>Treatment Given:</u>

Date:	<u>Subjective Complaints:</u>
	<u>Objective Findings:</u>
	<u>Treatment Given:</u>

CLIENT _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Date:	S: _____
	O: _____
	A: _____
	P: _____

Client: _____

Date: _____

S:

What brings you here: _____

What kind of massage do they want: _____

Occupation: _____

Health History: _____

Medications: _____

Accidents: _____

Update since last massage: _____

***PAIN**

*Characteristics _____ *Symptoms _____

*Intensity _____ *Duration _____

*Aggravating factors _____ *Alleviating factors _____

O:

Posture: _____

Muscle tests: _____

Observation: _____

Tx goals: _____

A:

Tx given: _____

Changes: _____

Posture & Muscle testing (After Tx): _____

P:

Stretching: _____

Hot or Cold recommendations: _____

Liked: _____

Disliked: _____

What to perform next time: _____

When to come back: _____

Ryan Jay Hoyme

PRE-APPROVAL INSURANCE FORM

Patient's Name: _____ Entry Date: _____
Social Security No.: _____ Phone: _____
Employer: _____ Date of Birth: _____
Referring Physician: _____ Phone: _____
Date of Injury: _____ Phone: _____

Insured's Name: _____ Phone: _____
Social Security No.: _____ Date of Birth: _____

Insurance Company: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____ Plan #: _____

Claim #: _____ Member #: _____

Group #: _____ I.D. #: _____

Type of Insurance: Group PIP/Auto Workers' Compensation

Effective Date of Policy: _____

Is There A Deductible? Yes No Amount: _____

Is The Deductible Met? Yes No Amount Remaining: _____

Co-Pay Amount: _____ Maximum # of Visits: _____

Maximum Dollar Amount: _____

Percentage Policy Pays for the Following Services:

Office Visit _____ Acupuncture _____ Massage _____ Physiotherapy _____

Counseling _____ Chiropractic _____ Supports _____ X-Rays _____

Physical Therapy _____ Vitamins _____

Adjuster's Full Name: _____

Phone #: _____ Extension#: _____

Time and Date of Call: _____

Approved For: _____

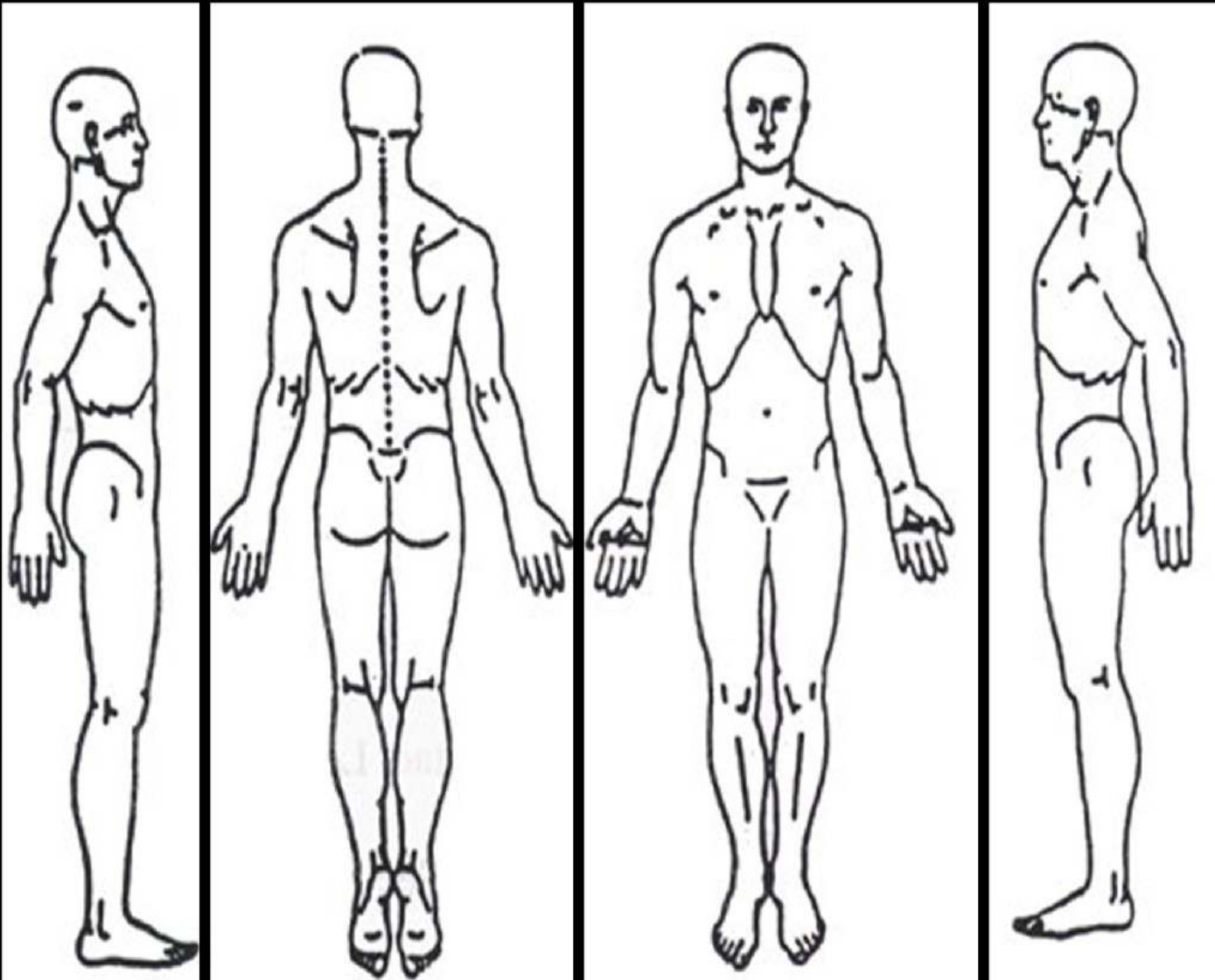
Send: Notes: _____ Rx: _____ Interim Report: _____

Initial Report: _____ Progress Report: _____

Additional information: _____

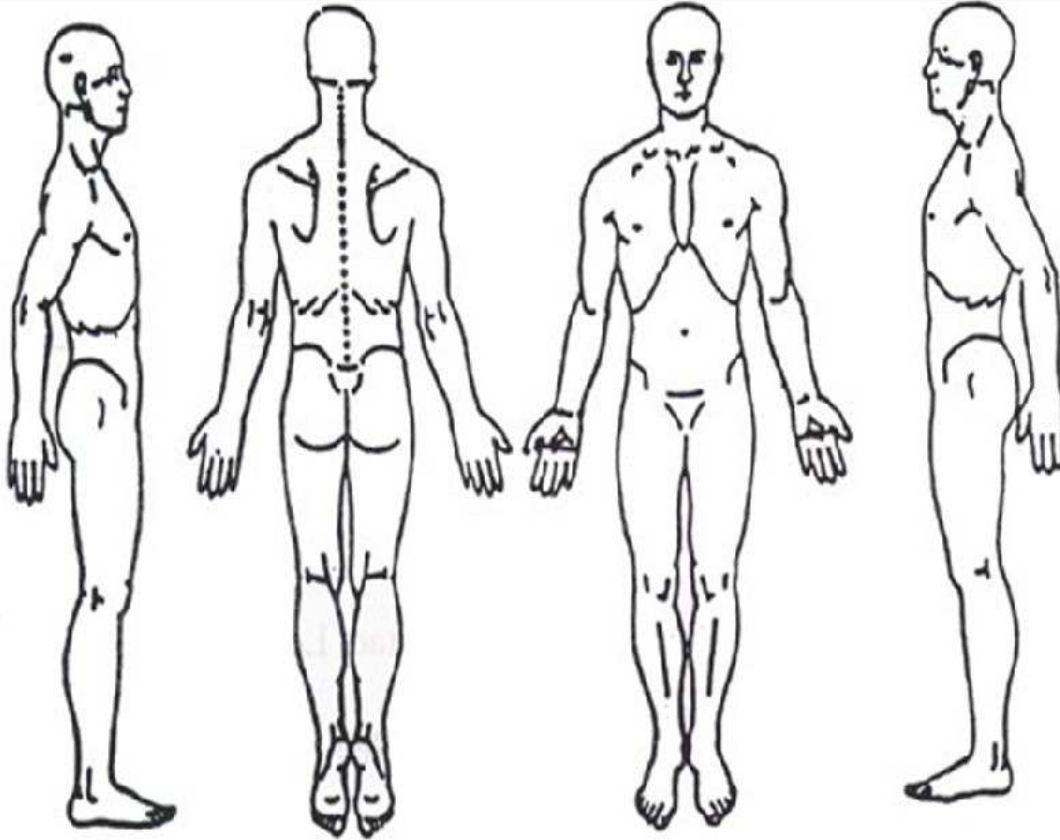
Ryan Jay Hoyme

Name _____ Date _____



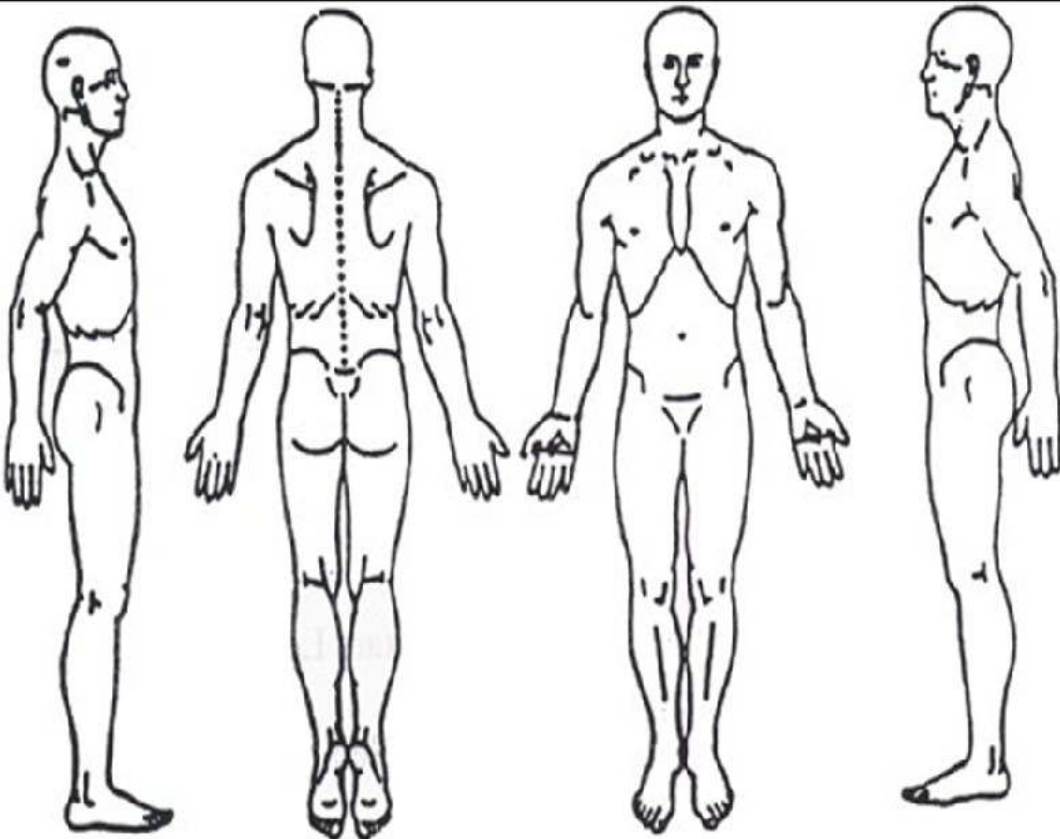
Comments _____

Ryan Jay Hoyme



**P
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E**

Name _____ Date _____

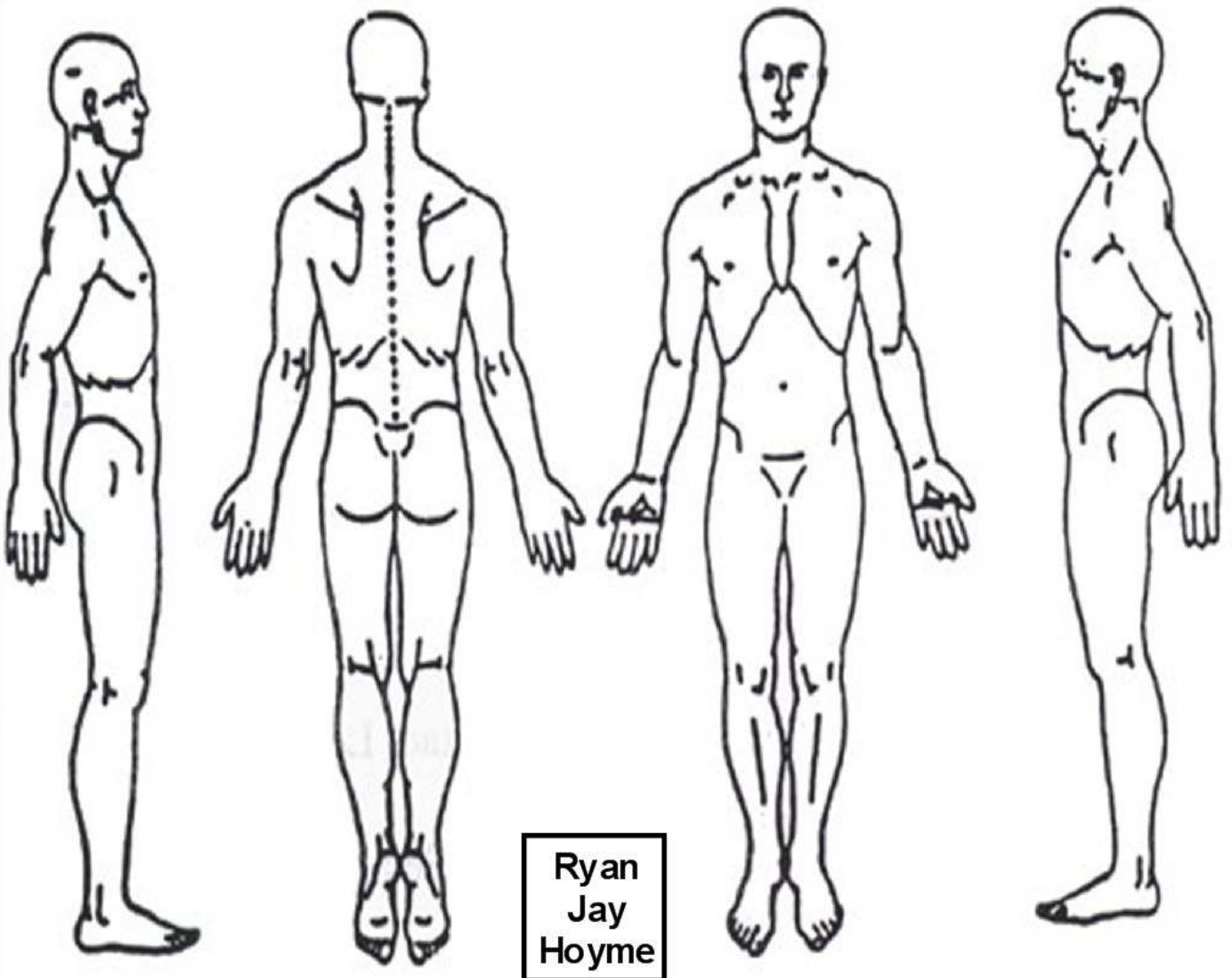


**P
A
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N**

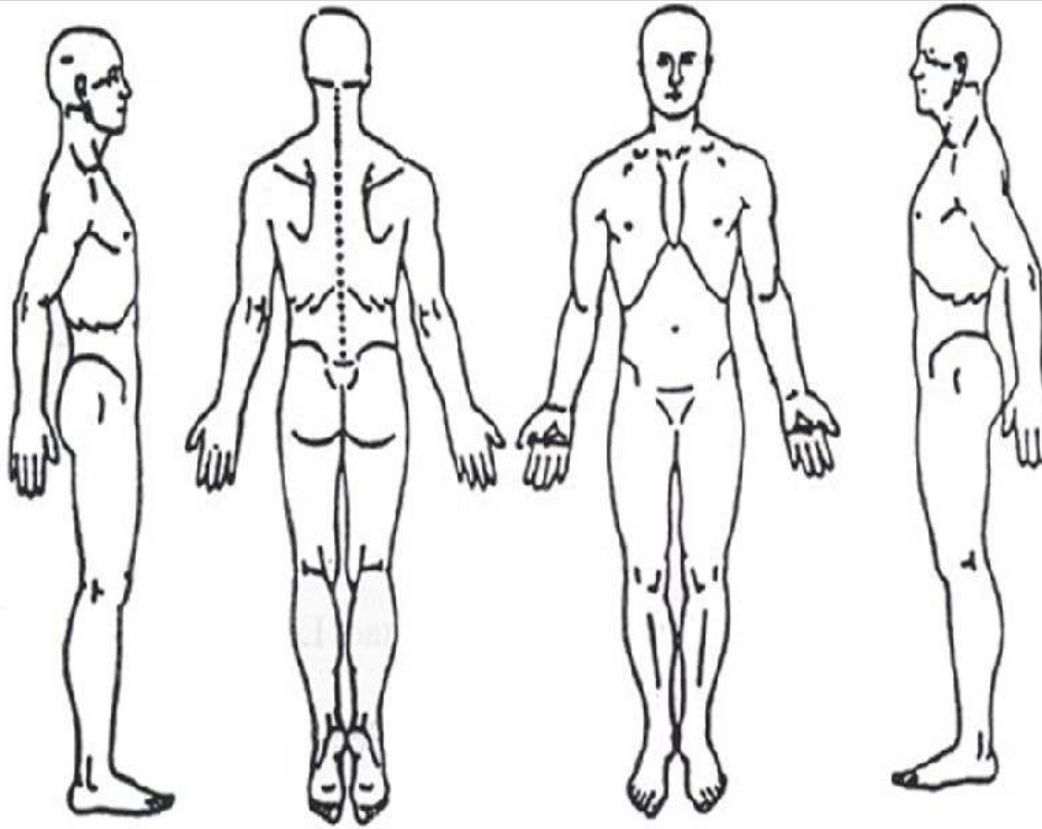
Ryan
Jay
Hoyme

Name _____ Date _____

Comments _____



Ryan
Jay
Hoyme



Alignment

Head _____

 Eyes _____

 Ears _____

 Shoulders _____

 Scapula _____

 Clavicles _____

 Arms _____

 Elbows _____

 Wrists _____

 Fingertips _____

Ryan Jay Hoyme

Observation/Palpation

Ribs _____

 Abdomen _____

 Waist _____

 Spine Curves _____

 Gluteal Muscle Region _____

 Iliac Crest _____

 Knees _____

 Patella _____

 Ankles _____

 Feet _____

 Arches _____

 Toes _____

Gait Assessment

Head _____

 Trunk _____

 Shoulders _____

 Arms _____

 Hips _____

 Legs _____

 Knees _____

 Feet _____

 Step _____

 Overall _____

Name: _____ Birth Date: _____

Likes: _____

Dislikes: _____

Start: Supine or Prone

Concentrate on: _____

Don't Massage: Face-Scalp-Neck-Upper Chest-Arms-Hands-Stomach-Legs-Feet-Glutes-Back

Injuries: _____

Surgeries: _____

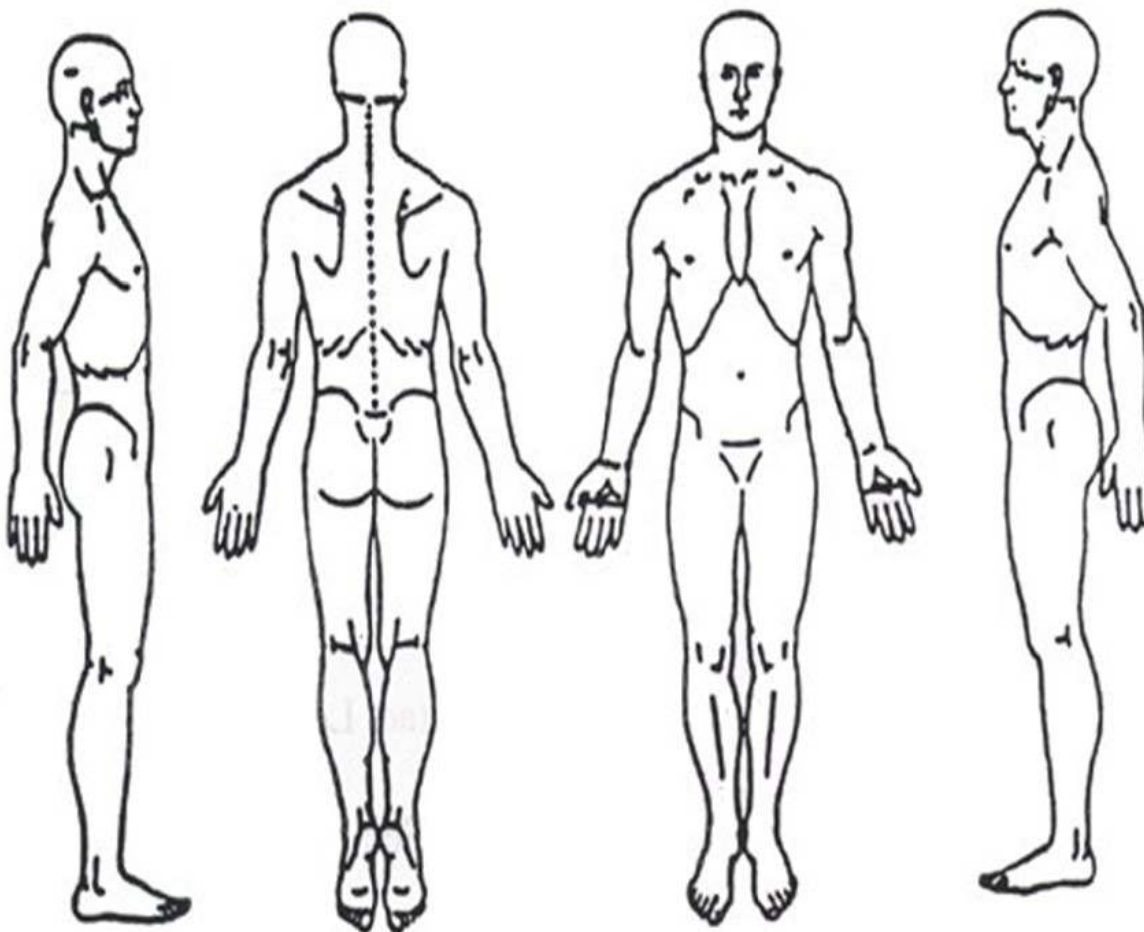
Diseases: _____

Medications: _____

Client gets: Cold or Hot

Use: Oil or Cream or Lotion

Massages: Once a week or Once every two weeks or Once a month or Every now and then



INSURANCE FORM

Name: _____ Date: _____ DOB: _____

Address: _____

Phone #: _____ Work #: _____

Social Security #: _____ E-Mail: _____

Emergency contact: _____

Employer: _____

DOI: _____

Where accident happened: _____

What happened: _____

Areas injured: _____

Insurance claim number: _____

Insurance phone number: _____

Insurance contact person: _____

Insurance address: _____

How many massage approved for: _____

Maximum amount approved for: _____

Is there a deductible? Yes No How much if yes: _____

Type of insurance: Group PIP/Auto Workers' Compensation

Co-Pay amount (If any): _____

Client's Doctor: _____ Doctor's phone #: _____

CPT Code: _____

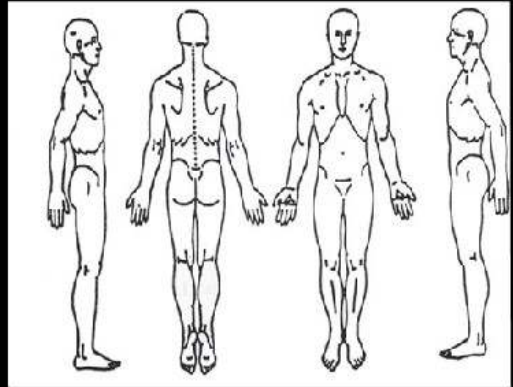
ICD Code: _____

Attorney information: _____

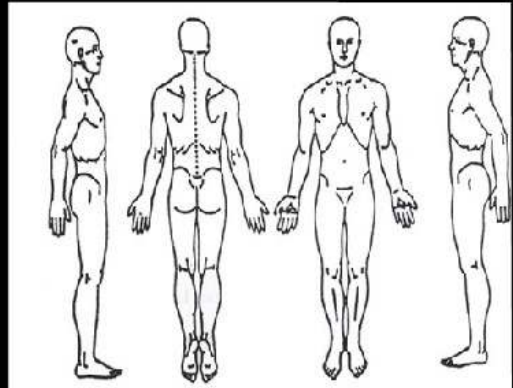
Additional information: _____

Ryan Jay Hoyme

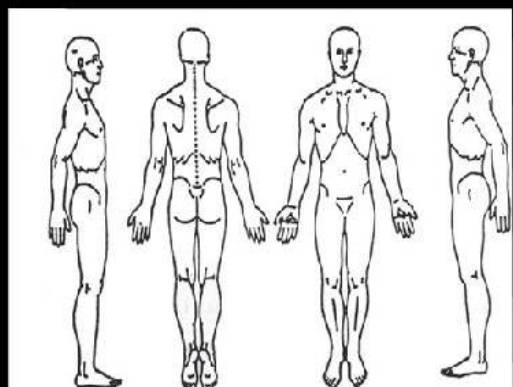
Name _____ DOI _____
 Where accident happened _____ What happened _____
 Ins. claim number _____ Ins. Address _____
 Ins. phone number _____
 Ins. contact person _____



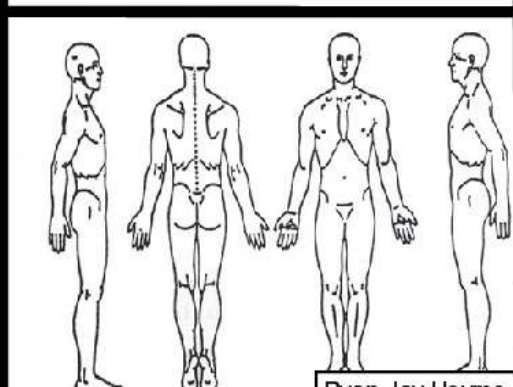
Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____



Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____



Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____



Ryan Jay Hoyme

Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____

Name _____ Date _____ Session # _____ DOI _____

Where accident happened _____ What happened _____

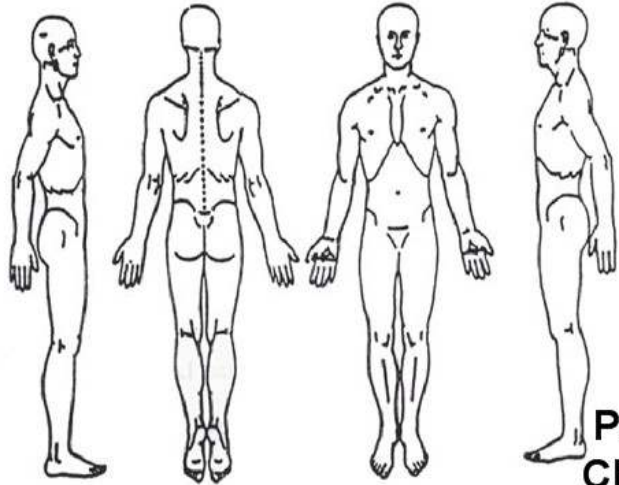
Ins. claim number _____ Ins. Address _____

Ins. phone number _____

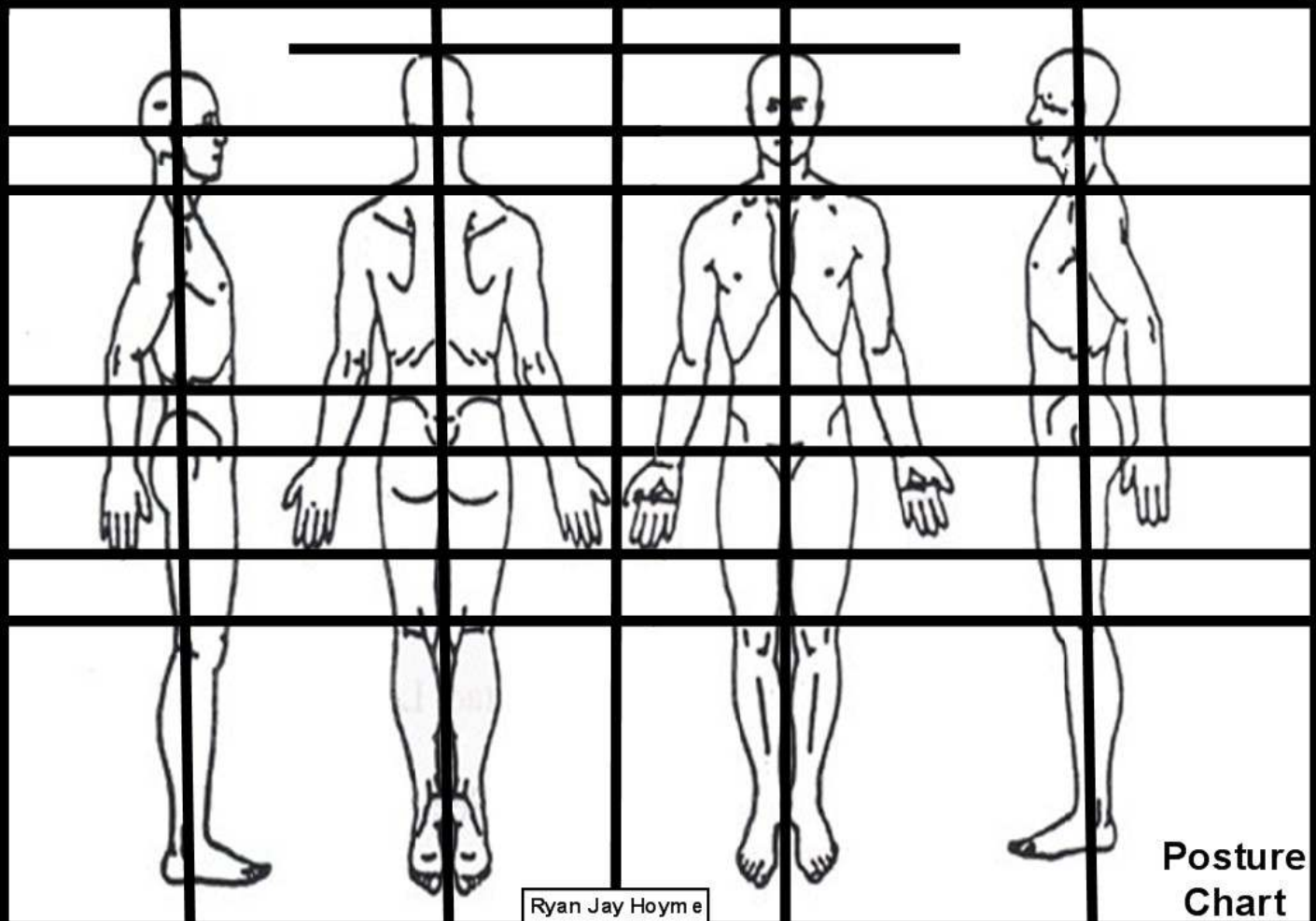
Ins. contact person _____

Pain Scale - 1 2 3 4 5 6 7 8 9 10

Comments: _____



Pain Chart



Ryan Jay Hoyme

Posture Chart

FAX COVER SHEET

Date: _____

Page _____ of _____

To: _____ From: _____

Company: _____

Name: _____

Phone: _____ Fax: _____

Subject: _____

Comments: _____

Fax Confidentiality Notice

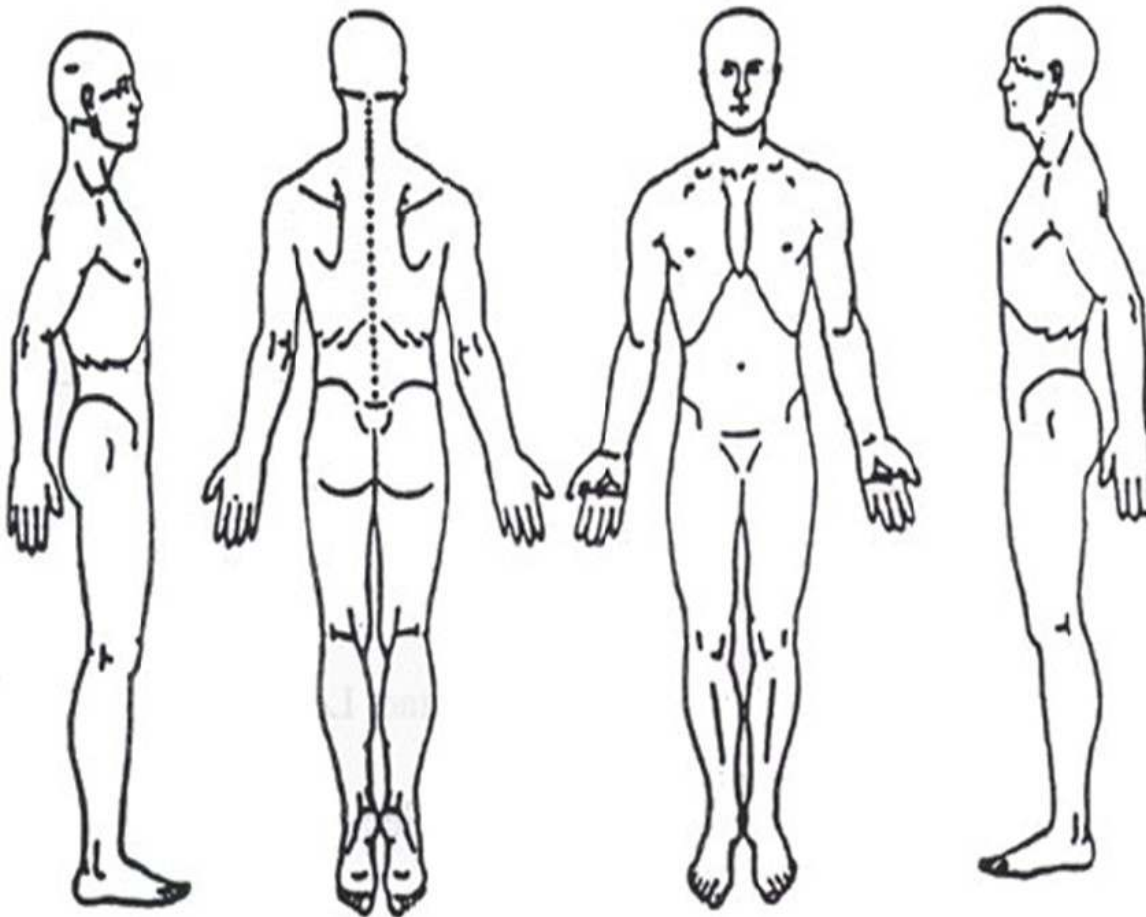
The information contained in this facsimile (aka fax) message is private and confidential. It may contain Protected Health Information deemed confidential by HIPAA regulations. It is intended only for the use of the individual named above, and the privileges are not waived by virtue of this information having been sent by facsimile. Any use, dissemination, distribution or copying of the information contained in this communication is strictly prohibited by anyone except the named individual or that person's agent. If you have received this facsimile in error, please notify us by telephone and immediately destroy this fax.

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Client Name _____

Date _____



Comments: _____

Ryan Jay Hoyme

CLIENT INSURANCE INTAKE

Status: Single ___ Married ___ Other ___
Employed ___ Full Time Student ___ Part Time Student ___

Condition related to: a. Employment (Y) ___ (N) ___
b. Auto accident (Y) ___ (N) ___
c. Other accident (Y) ___ (N) ___

Insured's I.D. # _____

Insured's Name: Last _____

First _____ **M.I.** _____

Address _____ **City** _____

State ___ **Zip** _____

Insured's Policy or Group Number

Employer's Name _____

Insurance Plan Name _____

Is there another health benefit plan? (Y) ___ (N) ___

If "yes" please continue.

Other Insured's Name: Last _____

First _____ ***M.I.*** _____

Other Policy or Group # _____

D.O.B. ___ / ___ / ___ ***Sex*** ___

Employer Name _____

Insurance Plan Name _____

Signature: _____

Date: _____

Ryan Jay Hoyme

Name _____

Likes: _____

Dislikes: _____

1
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Date _____

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Date _____

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Date _____

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Date _____

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Date _____

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Date _____

Name _____

DOI _____

Where accident happened _____

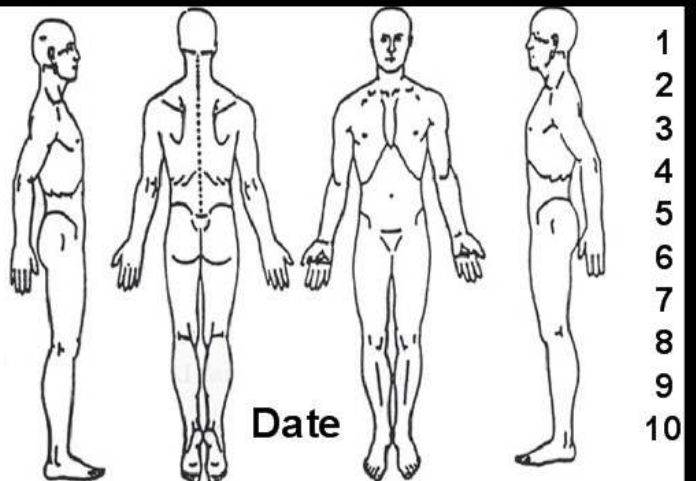
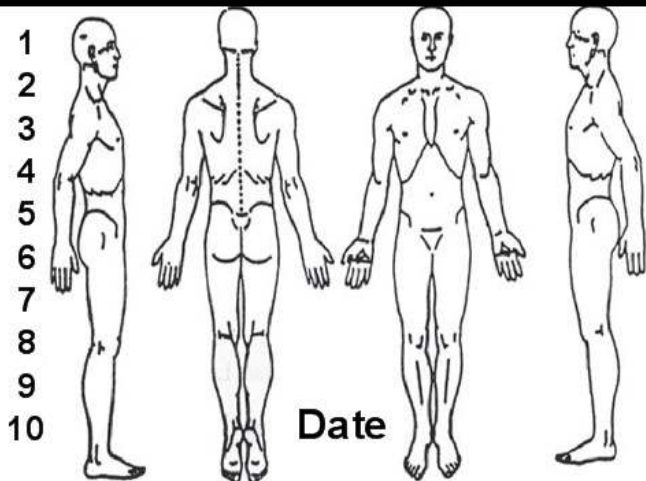
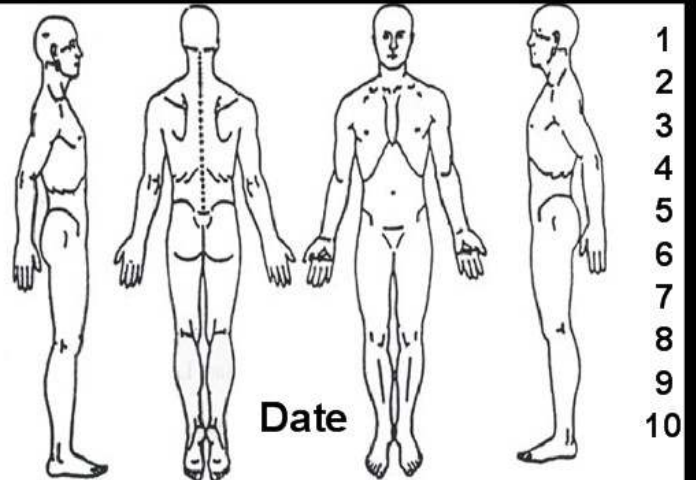
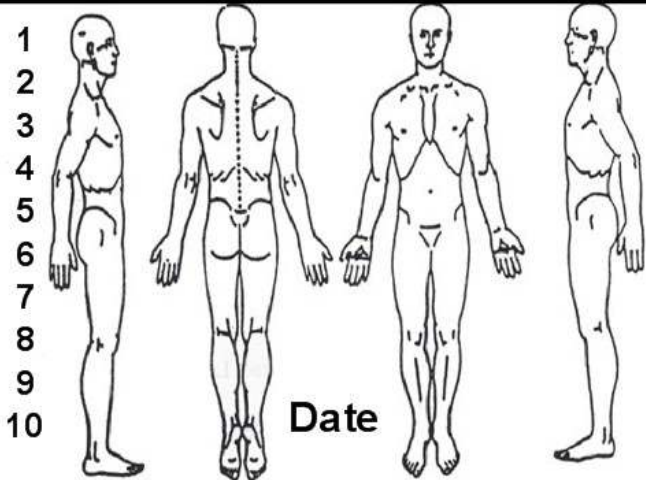
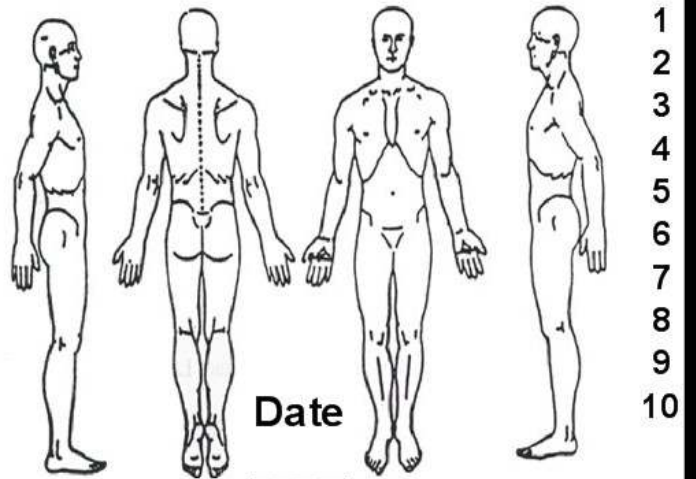
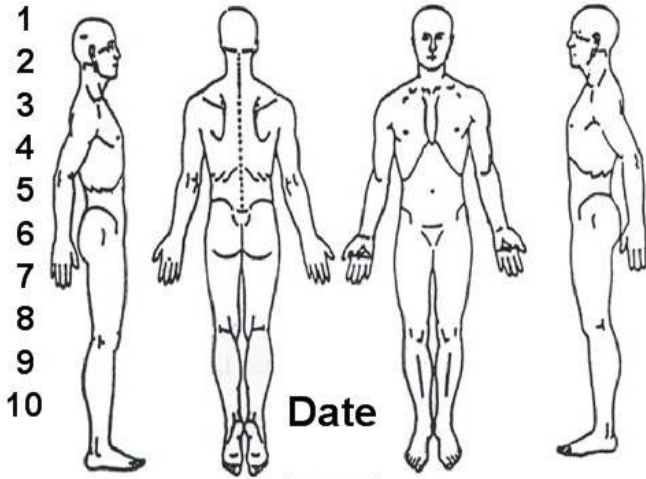
What happened _____

Ins. claim number _____

Ins. Address _____

Ins. phone number _____

Ins. contact person _____



Name _____

Comments _____

1
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Date _____

Date _____

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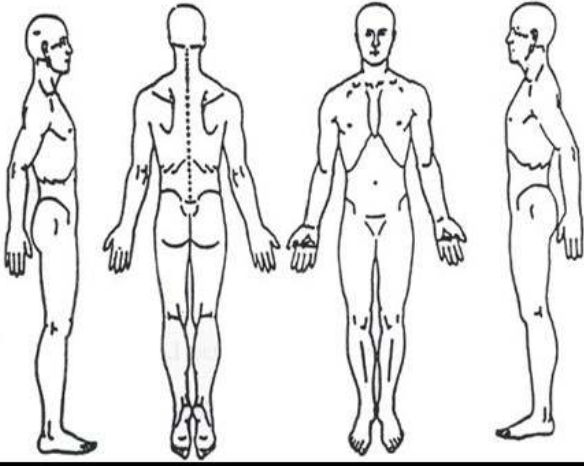
Date _____

Date _____

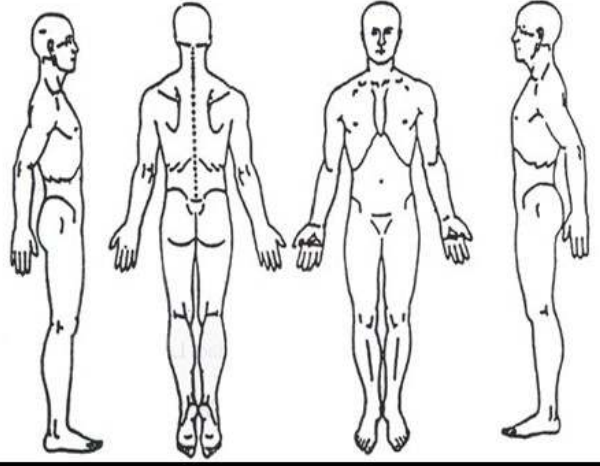
1
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Date _____

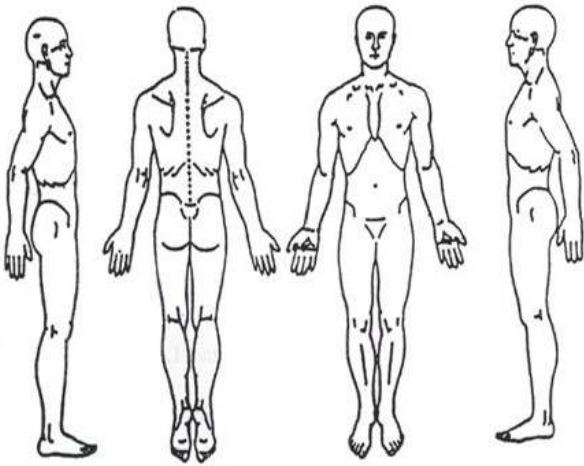
Date _____



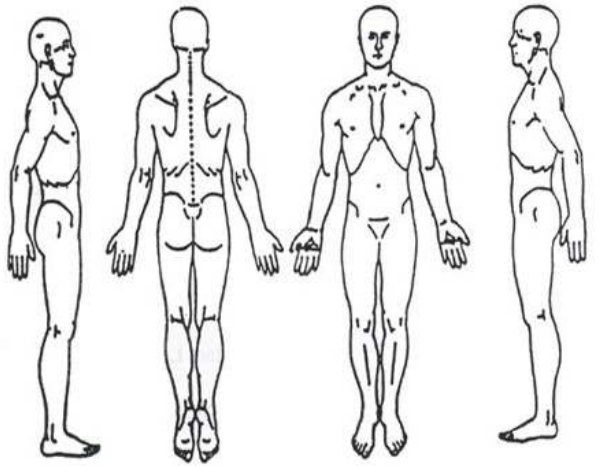
Name/Date _____
Comments _____



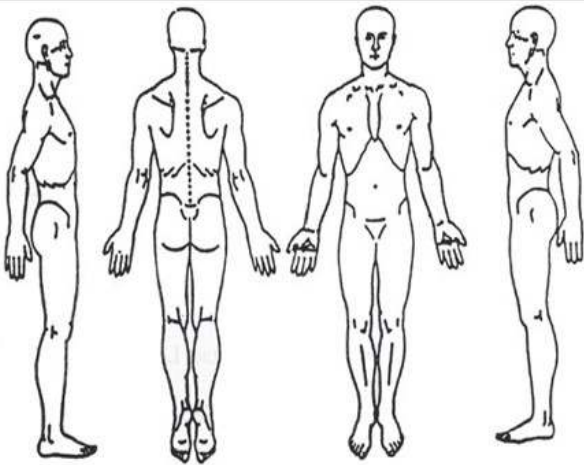
Name/Date _____
Comments _____



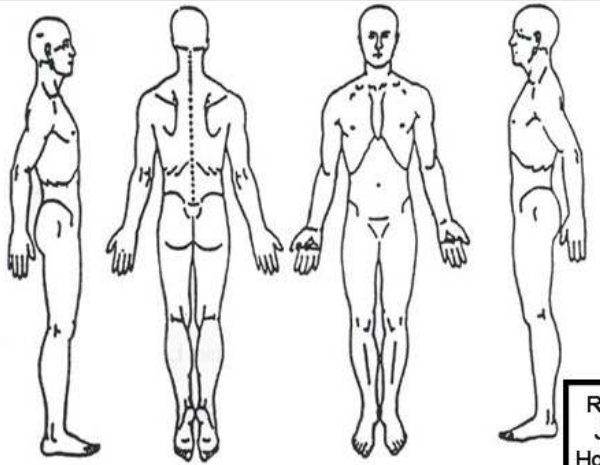
Name/Date _____
Comments _____



Name/Date _____
Comments _____



Name/Date _____
Comments _____



Ryan
Jay
Hoyme

Name/Date _____
Comments _____

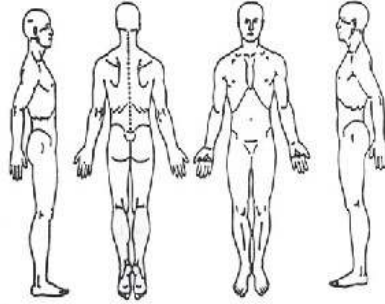
Client Name _____

Date _____
Session # _____
S: _____

O: _____

A: _____

P: _____

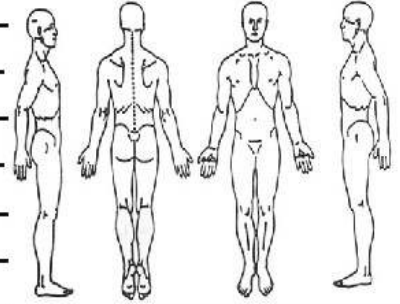


Date _____
Session # _____
S: _____

O: _____

A: _____

P: _____

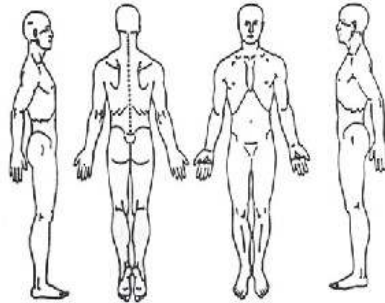


Date _____
Session # _____
S: _____

O: _____

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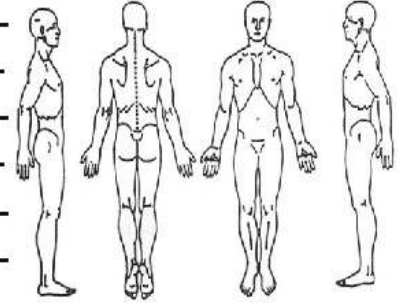


Date _____
Session # _____
S: _____

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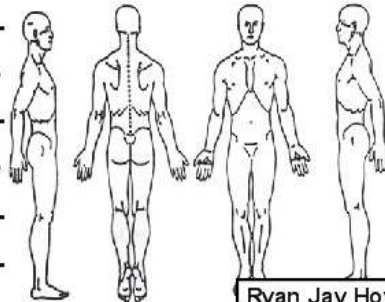


Date _____
Session # _____
S: _____

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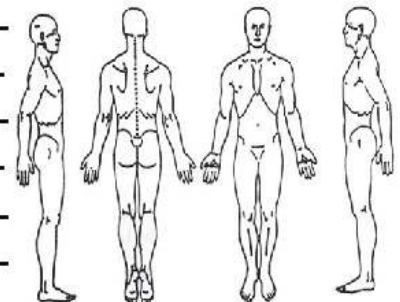
Ryan Jay Hoyme

Date _____
Session # _____
S: _____

O: _____

A: _____

P: _____



Client Name _____

Date _____

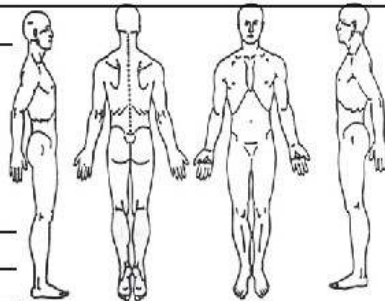
Session # _____

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O: _____

A: _____

P: _____



Date _____

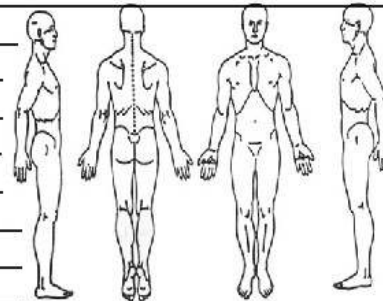
Session # _____

S: _____

O: _____

A: _____

P: _____



Date _____

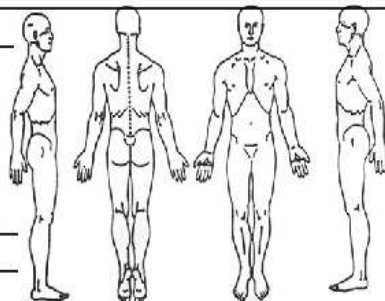
Session # _____

S: _____

O: _____

A: _____

P: _____



Date _____

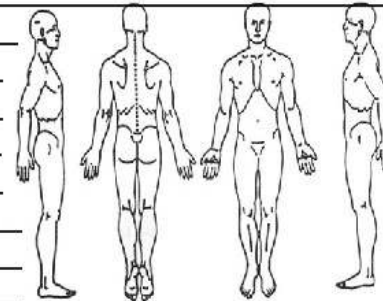
Session # _____

S: _____

O: _____

A: _____

P: _____



Date _____

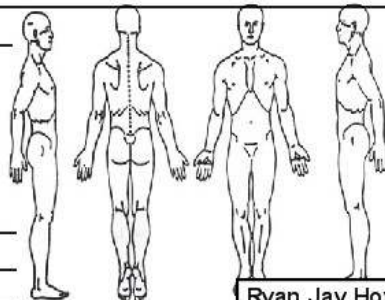
Session # _____

S: _____

O: _____

A: _____

P: _____



Ryan Jay Hoyme

Date _____

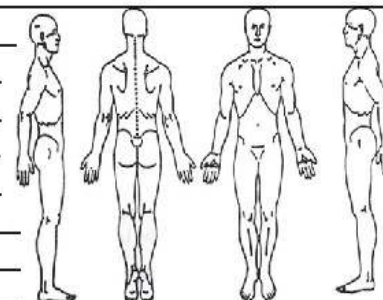
Session # _____

S: _____

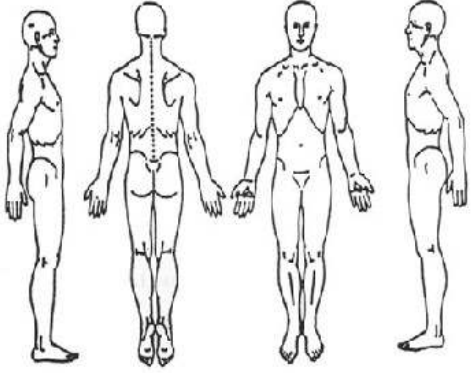
O: _____

A: _____

P: _____

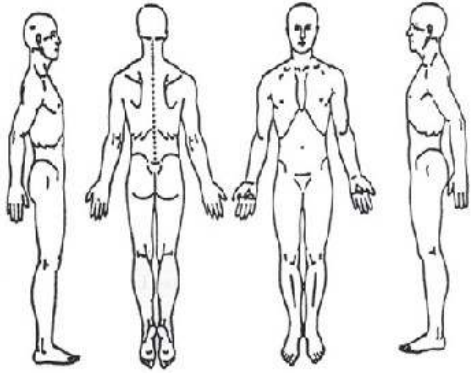


Client Name _____



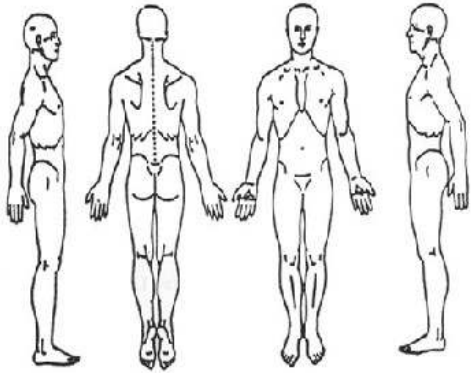
Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____



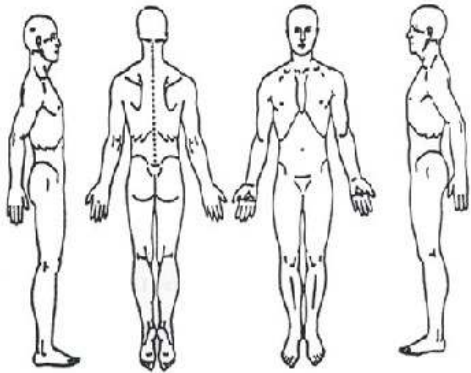
Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____



Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____



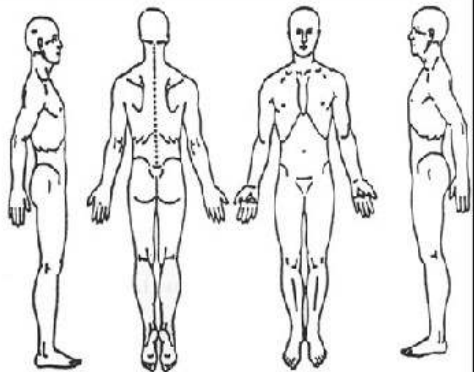
Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____

Final Notes: _____

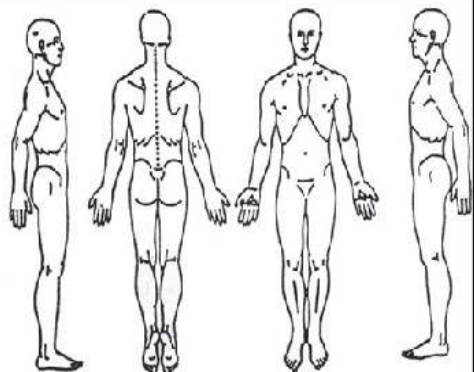
Ryan Jay Hoyme

Client Name _____



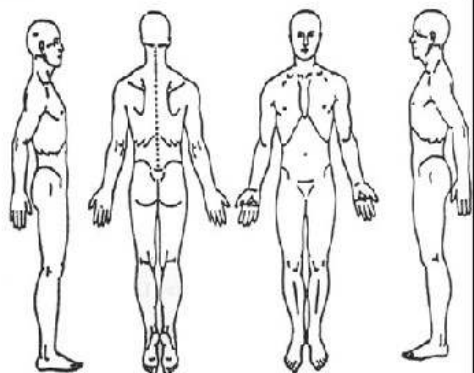
Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____



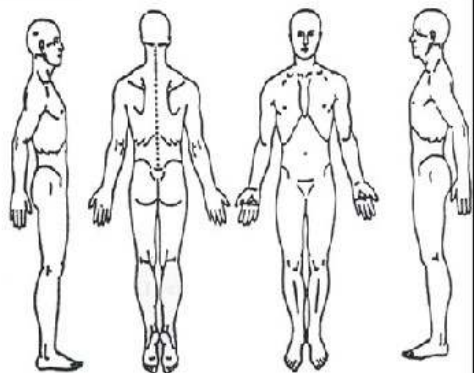
Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____



Date _____ Session # _____

S: _____
O: _____
A: _____
P: _____
Final Notes: _____



Date _____ Session # _____

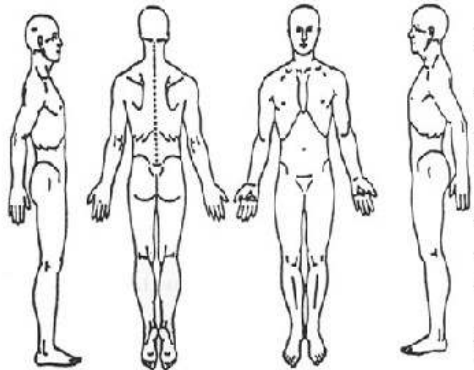
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O: _____
A: _____
P: _____
Final Notes: _____

Final Notes: _____

Ryan Jay Hoyme

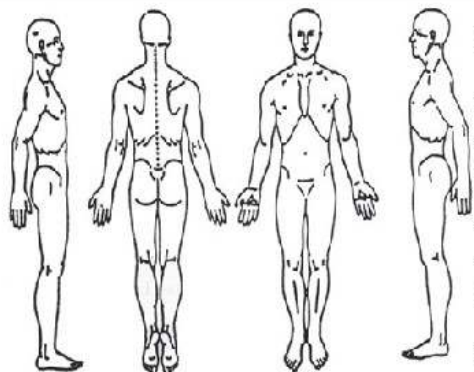
Client Name _____

Date _____ Session # _____



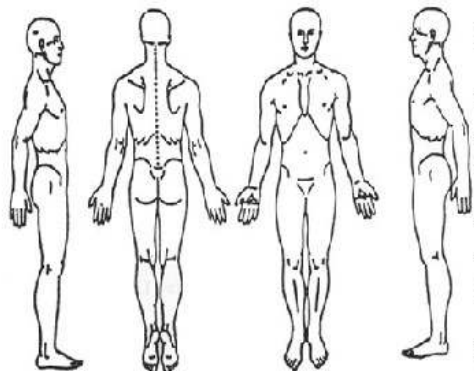
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O: _____
A: _____
P: _____

Date _____ Session # _____



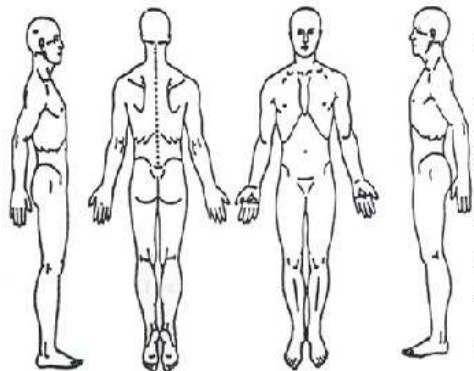
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O: _____
A: _____
P: _____

Date _____ Session # _____



S: _____
O: _____
A: _____
P: _____

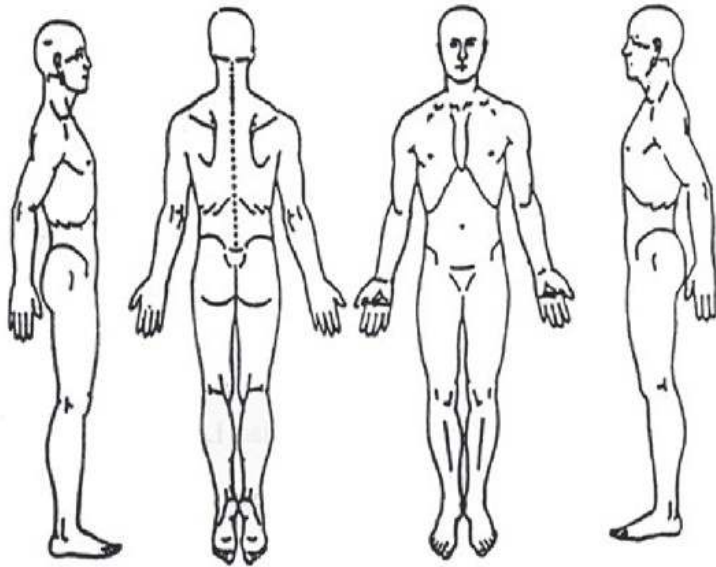
Date _____ Session # _____



S: _____
O: _____
A: _____
P: _____

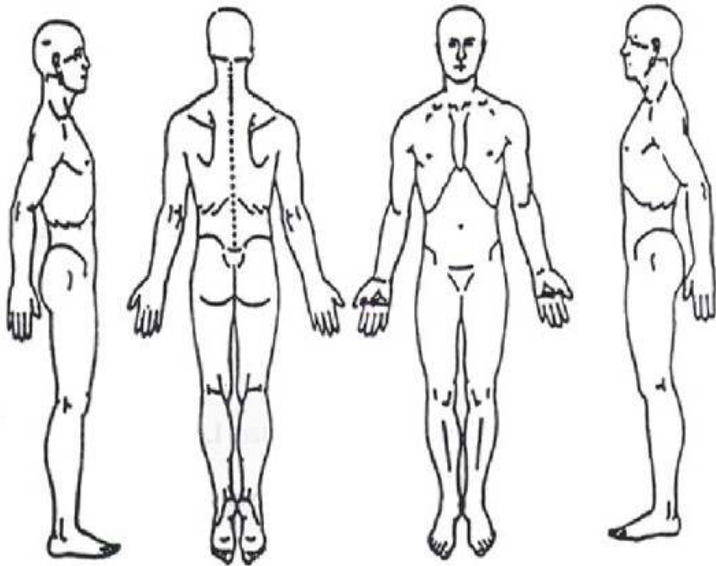
Final Notes: _____

Ryan Jay Hoyme



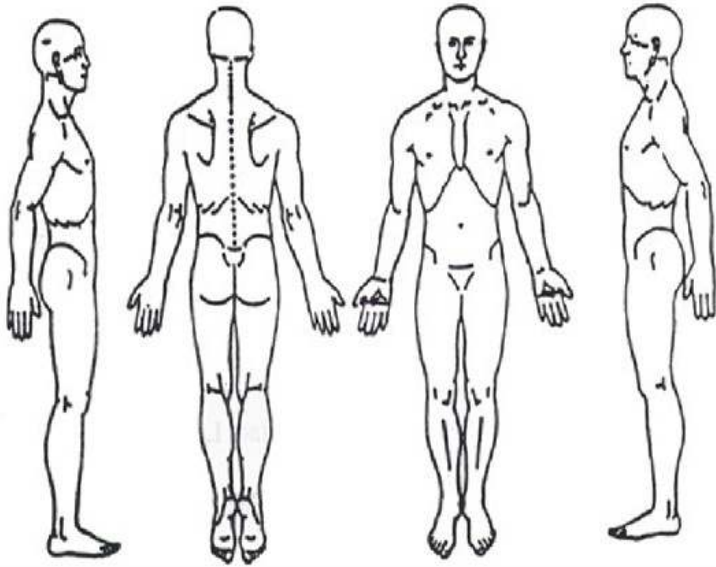
Name/Date _____

Comments _____



Name/Date _____

Comments _____



Name/Date _____

Comments _____

Ryan Jay Hoyme

Gift Certificate

This gift certificate entitles: _____ to a 1-hour massage

From: _____

Authorized by: _____

Expires: __/__/20__

Gift certificate # _____

Not redeemable for cash.

Please give a 24 hour notice with any cancellations.

Clients Per Month

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total

BUSINESS EXPENSES SUMMARY SHEET

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Total:													

Advertising Costs

Advertising	New Clients from it	WORKED or NOT	Price
		Total:	

Weekly Income Ledger Sheet

Date	Client	Name	Amt	Paid	Ck#	Services	Products	Type	Location	Company	Notes
Total:											

Gift Certificates Sold Per Month

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total