

Record of Consultation		Therapist:		
		Date:		
Client ID:		Age:		Portfolio ref:
Lifestyle/diet:		Occupation:		
Sporting profile/training regime:				
Clients expectations of treatment:				
GP name and address:				
Male / Female	Pre-adolescent	Adolescent	Adult	Special population
Massage room		In situ (at sporting event)		
Subjective Examination				
Initial observation: (face, posture gait)				
Presenting condition:				
Previous medical history: (previous injuries, allergies, major ops, accidents, illnesses, family history, contra-indications and action)				
Medication:				
Therapist Signature:				

Objective Assessment	
Initial observation - symmetry, mobility (Is client holding themselves oddly, are they limping, moving cautiously?)	
Posture assessment (List any signs of kyphosis, lordosis, sway back, scoliosis and obvious asymmetry)	
Palpation - skin, bones, muscles, soft tissue (Heat, swelling, list bony landmarks and muscles palpated with findings – where possible compare to contralateral body part)	
Active ROM (Are there differences in ROM between comparative joints in the area to be massaged – all movements)	
Passive ROM (When you move limbs through ROM, is there a difference from AROM and is it the expected end feel for the joint)	

Treatment					
Treatment plan: (aims of treatment, area to be treated, client position, timings)					
Effleurage	Petrissage	Tapotement	Vibration	Stretching	Through clothing/towels
Couch and couch roll	Other suitable surface	Massage medium	Towels		

Explain aims and objectives/nature and purpose of treatment to clients: (general indications for this treatment, techniques to be used and why, desired effect of techniques used, equipment to be used, body parts exposed)

I confirm above information is correct to the best of my knowledge. The sports massage methods have been discussed and explained and I give my consent to treatment.

Client Signature:

Post-Treatment

Reassessment: (comparison to previous markers, effectiveness of treatment , reduced dysfunction, increased ROM, improved posture or mobility)

After care advice: (contra-actions, referral to other professionals, general advice)

Client comments: (quality of treatment, professionalism of therapist, critique of treatment, improvement to condition)

Tutor Comments:

1 4 3 2

Signature:

Assessor Number:

Subsequent Treatment	Therapist: Date: Portfolio ref
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Client ID:-

Feedback since previous treatment:(changes to health since previous treatment, improvements or decline in condition, both, straight after previous treatment and since, medication changes)

Male / Female	Pre-adolescent	Adolescent	Adult	Special population
Massage room			In situ (at sporting event)	

Re-Assessment after Previous Treatment

Initial observation - symmetry, mobility (Is client holding themselves oddly, are they limping, moving cautiously?)	
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Posture assessment (List any signs of kyphosis, lordosis, sway back, scoliosis and obvious asymmetry)	
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Palpation - skin, bones, muscles, soft tissue- (Heat, swelling, list bony landmarks and muscles palpated with findings – where possible compare to contralateral body part)	
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Active ROM (Are there differences in ROM between comparative joints in the area to be massaged – all movements)	
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Passive ROM (When you move limbs through ROM, is there a difference from AROM and is it the expected end feel for the joint)	
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Post-Treatment					
Reassessment: (comparison to previous markers, effectiveness of treatment , reduced dysfunction, increased ROM, improved posture or mobility)					
After care advice: (contra-actions, referral to other professionals, general advice)					
Client comments: (quality of treatment, professionalism of therapist, critique of treatment, improvement to condition)					
Tutor Comments:					4 3 2 1
Signature:			Assessor Number:		