

SPORTS MASSAGE ASSOCIATION LOGBOOK CONSULTATION FORM

Please use this form to create your logbook, using one form per treatment and anonymising identifying client data



Date	Client Number	Treatment number

Reason for Consultation

Client Expectations

Demographic (mark as appropriate)					
Male/Female/Other					
Pre-adolescent		Adolescent		Adult	

GP Name and Address

Previous Medical History

Medication

SUBJECTIVE EXAMINATION

Date of Birth	Occupation

Sports and Hobbies

Any other lifestyle information? (eg alcohol/smoking, nutrition, etc)

Client objectives for treatment (eg aches and pains, functional problems, etc)

I confirm that the above information is correct to the best of my knowledge. I consent to continue with a physical examination.

Note: A chaperone must be in attendance when the client is under the age of 18

Client Signature	Therapist Signature

Chaperone Name	Chaperone Signature

OBJECTIVE ASSESSMENT

Initial Observation (Facial expression, posture, gait)

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State at rest (any pain or discomfort)

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Observation (asymmetry, swelling, redness, deformities, etc)

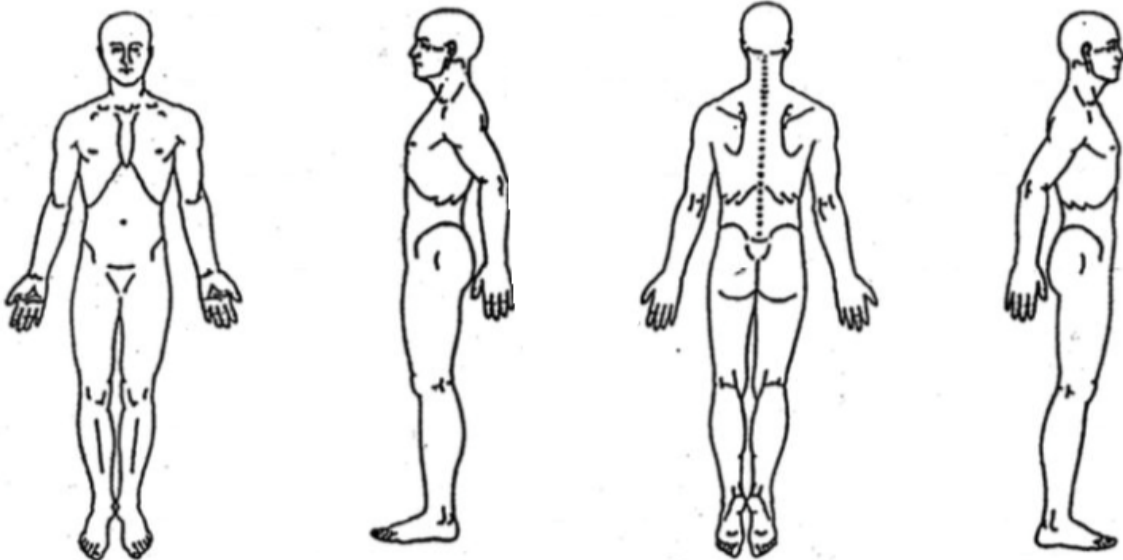
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Movement Patterns (AROM, reduced function)

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Palpation (skin temperature, oedema, tension, etc)

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Postural Observations

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ANALYSIS AND PLAN

Problem List (summary of findings)

Treatment Plan (areas to be worked on, timings, techniques, client position etc)
<i>Note: this is the information the client requires in order to make an informed decision on continuing with the treatment or not. It should be discussed with the client before continuing</i>

Informed Consent	
The treatment options have been discussed and I give my consent for treatment to continue	
Client Signature	

TREATMENT

LEVEL 3: highlight techniques used					
Effleurage		Petrissage		Tapotement	
Vibration		Friction		Compression	
Passive stretching					

LEVEL 4: please detail use of more advanced techniques and justification for their use in the changes/findings box

Location (massage/clinic room, pitchside, changing room)

Massage Medium (lotion, wax, oil, etc)

Changes to treatment plan and findings during treatment

Reassessment (change in ROM, pain levels, emotional state, etc)

Aftercare Advice

Client Comments/Feedback

Evaluation of effectiveness of treatment

Future revisions to treatment plan

Self-evaluation

Any other comments?

Therapist Signature	
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