



# Lauterstein-Conway Massage School & Clinic

## Outside Massage Form #1: Full Body Swedish Only

Client \_\_\_\_\_ Due Date Class 43a  
Student \_\_\_\_\_ Group \_\_\_\_\_ Date \_\_\_\_\_

### Client Feedback:

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

### Student Notes:

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?

**Treatment Record**

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status  
 (client goals, functional limitations, and diagnosis/clearance from a physician)

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**O: Objective** or findings made by the therapist  
 (client posture, client movement, palpation of client during interview, details of focus area treatment)

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**Prone:**

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**Supine:**

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**A: Assessment** or how the client rates the pain or discomfort of a focus area  
 (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment)

**Before treatment:**

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**After treatment:**

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**P: Plan** or a strategy for further care  
 (client education, self care such as movement or stretches, future massage session ideas, referrals)

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**Personal reflection** or meaningful insights made by the therapist about the therapist

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# Lauterstein-Conway Massage School & Clinic

## Outside Massage Form #2: Passive Stretches and BMTs Only

Client \_\_\_\_\_ Due Date Class 43a

Student \_\_\_\_\_ Group \_\_\_\_\_ Date \_\_\_\_\_

### Client Feedback:

Information you supply about your own particular experience of this massage will be important for the student's education. In the space below please be specific about how the massage felt to you and what changes you notice in your body, mind, or spirit as a result. Any suggestions you have will be appreciated. Thank you.

### Student Notes:

In this space the student records information about the session when finished. Impressions, objective and subjective information, remarks about how you feel the massage went, etc. Include any questions that may have come up for you. What did you learn?

**Treatment Record**

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Student Therapist \_\_\_\_\_

**S: Subjective** or what the client reports about their status  
 (client goals, functional limitations, and diagnosis/clearance from a physician)

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**O: Objective** or findings made by the therapist  
 (client posture, client movement, palpation of client during interview, details of focus area treatment)

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**Prone:**

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**Supine:**

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**A: Assessment** or how the client rates the pain or discomfort of a focus area  
 (0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment)

**Before treatment:**

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**After treatment:**

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**P: Plan** or a strategy for further care  
 (client education, self care such as movement or stretches, future massage session ideas, referrals)

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**Personal reflection** or meaningful insights made by the therapist about the therapist

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