

SWEDISH BACK MASSAGE TREATMENT PLAN

Therapist Name:	Salon Address:	Start Time: Finish Time:	Treatment:
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Client Name: _____ **Date Of Birth:** _____

Occupation: _____

Treatment Dates

Proposed Treatment: **Back Massage / Upper Back Massage & arms**

Related Medical History (conditions that may restrict or prohibit treatment application)

Are You Taking Any Medication (this may affect the condition of the skin or skin sensitivity)

CONTRA-INDICATIONS REQUIRING MEDICAL REFERRAL (Preventing head & body massage treatment) Yes/No	CONTRA-INDICATIONS WHICH RESTRICT TREATMENT (Treatment may require adaptation) Yes/No
Skin Disorders/Diseases - Active	Mild Skin Disorders
High or Low Blood Pressure	Recent Scar Tissue (Avoid Area)
Recent Head or Neck Injury	Cuts And Abrasions
Severe Varicose Veins	Undiagnosed Lumps, Bumps, Swellings
Recent Scar Tissue	Asthma
Heart Disease	Product Allergies
Dysfunction of the Nervous System	Certain Medications
Severe Bruising	Menstruation
Epilepsy	Migraine
Diabetes	Pregnancy (if yes duration)
Chemotherapy/Radiotherapy	
GP Referral:	

If you have answered yes to any of the above please give details:

<p style="text-align: center;">TREATMENT AREA</p> <p><input type="checkbox"/> Back</p> <p><input type="checkbox"/> Neck, shoulders, chest & arms</p>	<p style="text-align: center;">GENERAL REASON/OBJECTIVES FOR TREATMENT</p> <p><input type="checkbox"/> Relaxation</p> <p><input type="checkbox"/> Uplifting/ Stimulation</p> <p><input type="checkbox"/> Reduction of muscle tension</p> <p><input type="checkbox"/> Stress relief</p> <p><input type="checkbox"/> Other _____</p>
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NOTE: Please do not fill the green areas.

<p style="text-align: center;">LIFESTYLE</p> <p>Health Good/Average/Poor</p> <p>Exercise Habits Good/Average/Poor</p> <p>Dietary and Fluid Intake Good/Average/Poor</p> <p>Sleep Patterns Good/Average/Poor</p> <p>Do you smoke/Vape Yes/No</p> <p>Do you drink alcohol Yes/No</p> <p>Hobbies, Interests, means of Relaxation</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">PHYSICAL CHARACTERISTICS</p> <p>Client Range Young/Middle/Elderly</p> <p>Skin Type Normal/Dry/Oily/Combination</p> <p>Muscle Tone Good/Average/Poor</p> <p>Other _____</p> <hr/> <p style="text-align: center;">PREPARATION OF CLIENT</p> <p><input type="checkbox"/> Removal of Appropriate Clothing</p> <p><input type="checkbox"/> Removal of Accessories</p> <p><input type="checkbox"/> Covering of Cuts And Abrasions</p> <p><input type="checkbox"/> Covering The Client</p> <p><input type="checkbox"/> Expectations</p>		
<p style="text-align: center;">MASSAGE MEDIUM USED</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Cream</p> <p><input type="checkbox"/> Powder</p> <p><input type="checkbox"/> Essential Oils Blending _____</p> <p>_____</p>	<p style="text-align: center;">MASSAGE TECHNIQUES</p> <p><input type="checkbox"/> Effleurage <input type="checkbox"/> Vibrations</p> <p><input type="checkbox"/> Petrissage <input type="checkbox"/> Frictions</p> <p><input type="checkbox"/> Tapotement</p>		
<p>CONTRA-ACTIONS:</p>		<p>MESSURES TAKING IN PLACE:</p>	
<p>AFTERCARE/HOMECARE</p> <p><input type="checkbox"/> Self-Massage <input type="checkbox"/> Relaxation</p> <p><input type="checkbox"/> Posture <input type="checkbox"/> Breathing</p> <p><input type="checkbox"/> Further treatments <input type="checkbox"/> Products</p> <p><input type="checkbox"/> drink water <input type="checkbox"/> eat a light diet</p> <p><input type="checkbox"/> avoid alcohol <input type="checkbox"/> reduce caffeine intake</p>	<p>ADVICE GIVEN:</p>		
<p>CLIENT CONSENT TO TREATMENT</p> <p>All of the information I have given about my medical health is correct and accurate. I am aware that giving false information or withholding details about medical conditions could cause a risk to my health. I have also been advised on how to follow health & safety in the salon including how to mount and dismount the therapy bed.</p> <p>CLIENT SIGNATURE: _____ DATE: _____</p>			
<p>THERAPIST SIGNATURE: _____ DATE: _____</p>			

NOTE: Please do not fill the green areas.