Massage Logbook

**Therapist:**

Example:

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| **Name:** Rebeca Ramirez |
| **Phone number:** 02365884584 | **Type of Massage:** TYM  |
| **Place:** Her house – Living room | **Duration:** 1h 5m |
| **Age Group:** 30-40 | **Male or Female:** Female |
| **Contraindication/medical condition check:** Yes | **Areas/parts of the body massaged:** Whole body expect stomach |
| **Current complaints/injuries/request:**Rebeca complaint about tight shoulders as she works in the computer for long hours. She has a sprain in a little toe, which should be avoided. She asked for whole body massage, especially feet. |
| **Feedback:**Rebeca has massage regularly. She enjoyed the feet massage and head very much. She said she can have more pressure next time.  |
| **Notes:**I started slow and progress applying more pressure. Had a booklet with me and used before every position. The room was a bit cold so I will get it heated next time before the massage. Forgot to clip my nails and it caused a bit of pain to Rebeca. I felt the foot massage was very good but need to improve the flow. Rebeca was very skinny and flexible making a bit hard for me. |

#1

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| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#2

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#3

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#4

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#5

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#6

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#7

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#8

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| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#9

|  |
| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#10

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| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#11

|  |
| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#12

|  |
| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#13

|  |
| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#14

|  |
| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |

#15

|  |
| --- |
| **Name:**  |
| **Phone number:**  | **Type of Massage:**  |
| **Place:**  | **Duration:**  |
| **Age Group:**  | **Male or Female:**  |
| **Contraindication/medical condition check:**  | **Areas/parts of the body massaged:** |
| **Current complaints/injuries/request:** |
| **Feedback:**  |
| **Notes:** |