Massage Logbook

**Therapist:**

Example:

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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:** | |