

Spa Practices 2 Log Summary Page

NAME: _____ TERM: _____

SECTION: _____ MAILBOX: _____

Please update this page as a cover sheet each week; keep the cover sheet in front of your loose-leaf notebook. Please include all your work done to date.

The Spa Practices 2 requirement is to document 10 hours of log time divided as follows:

Technique	Giving	Receiving
Heat Hydrotherapy	30 minutes	30 minutes
Cold Hydrotherapy	15 minutes	15 minutes
Hot Stone technique	1 hour	
Hot Stone technique integrated into a massage session	3 ½ hours	1 hour
Reflexology	2 hours	1 hour
TOTAL: 7 hours	7 ¼ hours	2 ¾ hours

Logs have to be given on a minimum of 3 different people out of class time.

Week	Hydrotherapy Heat	Hydrotherapy Cold	Hot Stones Giving	Hot Stones Receiving	Reflexology Giving	Reflexology Receiving
1						
2						
3						
4						
5						
6						
7						
Total						

TOTAL Giving and Receiving Required:

(1 hr.)

(.5 hrs.)

(4.5 hr.)

(1 hr.)

(2 hr.)

(1 hr.)

Client Questionnaire

In order to maximize the effectiveness and safety of our sessions together, we ask that you take the time to fill out this confidential questionnaire carefully.

Client Initials: _____ Client Number: _____ Date: _____ Referred by: _____

Address: _____

Phone (day): _____ (eve): _____ Date of Birth: _____

Occupation(s): _____

Age: _____ Height: _____ Weight: _____ Build: _____

What brings you here today?

Is there any area where you would like extra time spent? Is there any area where you have muscle pain/stiffness/tension (neck, low back, shoulder, other)?

What is your previous experience with professional massage or spa treatments?

Daily activities / sports / hobbies: _____

Habits: Exercise (types and frequency) _____ Sleep _____
Tobacco _____ Alcohol _____ Drugs (non-med.) _____ Caffeine _____ Water _____
Posture assumed most of day _____ Bowels _____

Medical History - Please indicate below any significant medical problems, as such conditions can influence the type and/or depth of work done in any given area. Thank you.

- _____ Allergies
- _____ Skin condition (acne, rash, allergies, skin cancer, other):
- _____ Lymphatic condition (swollen glands, lymphoma, lymphedema, other):
- _____ Recent injury or accident (whiplash, sprain, deep bruise, other):
- _____ Circulatory condition (heart disease, varicose veins, phlebitis, arrhythmia, arteriosclerosis, other):
- _____ Neurological condition (sciatica, numbness/tingling of any area of skin, stroke, epilepsy, other):
- _____ Joint problems, pain, or stiffness (osteoarthritis, rheumatoid arthritis, gout, hypermobile joints, sacroiliac problems, other):

- _____ Can you lie comfortably on your stomach? _____ Can you lie comfortably on your back? _____
- _____ Bone conditions (osteoporosis, previous fracture, cancer, other):
- _____ Headaches (migraines, PMS, tension, cluster, other):
- _____ Emotional difficulties (depression, anxiety, psychotic episodes, other):
- _____ Stress
- _____ Previous surgery, please state type and date:
- _____ Other medical considerations:
- _____ List any medications you are currently taking:

- _____ Are you pregnant?
- _____ Do you have any body piercings that would be effected by heat (such as belly piercings?)

Name of Health Care provider (not Insurance Co.): _____

Phone: _____

Do we have permission to contact him/her should the need arise? Yes _____ No _____

Client understands that the massage will be administered by a student enrolled in a massage program at the Connecticut Center for Massage Therapy. The student practitioner is not a licensed massage therapist.

The student practitioner is neither trained nor licensed to provide medical treatment to diagnose, prescribe drugs or medicines, perform spinal or other joint manipulations, nor any other service which a license to practice medicine, chiropractic, naturopathy, physical therapy, or podiatry is required by law.

Student practitioner, faculty, and school make no claims, representations, or guarantees about specific results. The goal of this session is primarily for the practice time of the student. If there are specific therapeutic needs perhaps a licensed therapist should be consulted.

Client has been provided with descriptions of the service and anticipated benefits. Client understands and agrees to the purpose, nature, and duration of the proposed service, and consents to receive this service.

Client understands that there can be remote risks associated with this work. Client acknowledges that the student practitioner, faculty, staff, and school will not be responsible for any injury arising because of some unreported condition and/or concern.

Client acknowledges being given the opportunity to ask questions before receiving any work, and to question or interrupt the work at any point after session begins.

Client acknowledges having read and understood this document.

Date

Client Initials only

Notes For Discussion of Questionnaire:

Notes on goals/concerns of client...experience with massage:

Highlight any major concerns from medical history. Gather information indicated below on EACH concern you feel the need to research further.

Is there a "diagnosis" that you can research, or has the client described a symptom? What is the diagnosis?

Who diagnosed it? (especially important, find out the type of health care provider, i.e. M.D., chiropractor, naturopath, physical therapist, etc.)

When did the condition begin?

When was it first diagnosed?

How does it affect you now? (What are the symptoms?)

What seems to help it the most? (Especially ask for any information on positioning, exercise, hydrotherapy, rest, in addition to what the client offers spontaneously)

What seems to make it worse? (Include same type of information as above)

Are you taking any medications for it at the present time?

Are you currently under the care of a physician for this condition?

Spa Practices 2 Giving Log

Date: _____ Receiver's initials: _____ Client Number _____
Actual Hands-on Time _____ Technique used _____

S: SUBJECTIVE The information your client tells you prior to the massage session.

What does the Client Questionnaire tell you about this client?

What areas of tension and/or existing symptoms/conditions are identified by the client?

What aggravated; what relieves these identified symptoms/conditions?

What are the client's goals for this session?

O: OBJECTIVE Your visual and palpatory observations regarding this client before and during the session, procedures/techniques used, and session goals.

What are your practice objectives for this session?

What procedures were followed toward the identified, therapeutic goal?

What were the palpation findings?

A: ASSESSMENT: The changes that you observe in your client's body during and after the session.

What were the observed results and changes?

What was the response of the receiver?

P: PLAN: Your review of effectiveness of this session and your recommendations for future sessions.

What are the plans/objectives/ intentions for future session?

What are the client homework recommendations?

ADDITIONAL COMMENTS:

What did you learn from this session?

Spa Practices 2 Receiving Log

Date: _____ Total Hands-on time _____ Giver's initials: _____ Licensed MsT _____ or Student _____
Actual hands-on time: _____ Technique used _____

SUBJECTIVE The information you as a client tell the therapist about health history, current needs and reason(s) for coming to the massage session.

Problems/concerns communicated to the therapist (health history, tightness, pain, TPs, restricted ROM, mind/body issues)

What makes the concern better or worse? (position, activity, therapies)

What is/are your goal(s) for the session? (areas of focus, decrease of pain, relaxation, practice strokes, learn from therapist's experience)

O: OBJECTIVE Your palpatory observations and the procedures/ techniques used during the session.

Techniques used (strokes, stretching, specific areas of concentration or full body)

Palpation findings (areas of focus, muscles involved, textures of tissues as you perceive them, levels of hyper- or hypo-sensitivity)

A: ASSESSMENT: The results of the session.

The effects of the strokes on your body in the areas of concern and the over-all effect of the work.

P: PLAN: Future plans, homework suggested, learning(s) from the session.

Observations about the therapist (sensitivity and effectiveness in application of pressure, professionalism, quality of strokes, communication/rapport, sense of connectedness, flow, environment)

Did the therapist address your needs? Please explain how or how not. Did you communicate your needs during the session?

What suggestions or homework did the therapist offer?

What was and wasn't effective for you? (like/dislike) What would you do again? What would you do differently? (goals, strokes, focus)

ADDITIONAL COMMENTS:

What did you learn about your own self care?

What did you learn from the session about massage in general or your own mind/body?

Client Documentation- Reflexology

Therapist: _____ Client Initials: _____ Date: _____



