

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 except 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:	