

BELMONT WELLNESS CENTER

5803 Wilkinson Boulevard Belmont NC 28012 (803) 230-3111

MASSAGE ASSESSMENT FORM

Name

Assessment Date

Chief Complaint

Date of Onset

Brief Description of Onset

Since onset, symptoms have been getting: Worse Better Staying the Same

Current pain (0-10): ____/10

Pain range during past 3 days: ____/10 (at best) to ____/10 (at worst)

Pain or symptoms are: Constant Intermittent

Description of pain:

Sharp

Aching

Stabbing

Shooting

Dull

Burning

Throbbing

Other: _____

What increases client's pain or other symptoms, and makes conditions worse?

Sitting

Standing

Lying down

Walking

Bending

Reaching

Coughing

Exertion

Pressure

Specific position: _____

Activity or movement: _____

Other: _____

What decreases client's pain or other symptoms, and makes conditions better?

Sitting

Rest

Standing

Ice

Lying down

Heat

Massage

Stretching

Medication

Specific position: _____

Activity or movement: _____

Other: _____

Has client seen other healthcare providers or tried other treatments for current problem? Yes No

List treatments and results: _____

