

Practicum Documentation – SOAP Notes

Student Name: _____ Practicum Week: _____

Session Date: _____ Length of Session: _____

Client's Name: _____ Age: _____ Phone: _____

S: (Client's description of complaints/requests/relevant history)

1.

2.

3.

General Session Objective: (ie: peaceful, energized, full body)

O: (Therapist's observations/palpation of subjective requests)

1.

2.

3.

Other:

A: (Sequences/specific work with result-noting Subjective requests)

Lubricants/Essential Oils Used:

Client's experience of session:

P: Next Session Date/Length:
Areas/Situations to address next session:

Other Recommendations to Client:

Student's experience of session: