

# Reflexology SOAP Notes

Client Name \_\_\_\_\_ Date \_\_\_\_\_

## Preferences

Hot or Cold Therapies \_\_\_\_\_ Music \_\_\_\_\_

Other \_\_\_\_\_

## SUBJECTIVE

Client Goals \_\_\_\_\_

Symptoms \_\_\_\_\_

## OBJECTIVE

Visual \_\_\_\_\_

Palpation \_\_\_\_\_

Areas of Focus \_\_\_\_\_

## ASSESSMENT

Changes Achieved \_\_\_\_\_

Goals \_\_\_\_\_

## PLAN

Treatment Plan \_\_\_\_\_

Self-Care Plan \_\_\_\_\_

