

# MESSAGE LOG

**Student Name:**

**Date:**

**Log No:**

**Client initials:**

**Client age:**

**Areas massaged:**

**Length of treatment time:**

**Known health conditions.** *Check for epilepsy, diabetes, heart conditions, pregnancy, musculo-skeletal problems, skin problems, stress / anxiety levels, energy levels. Are there any other health problems?*

**Treatment Aim.** *Ask your client: 'How would you like to feel at the end of this treatment?'*

## **Consent**

I consent to receiving this aromatherapy massage treatment, in the full knowledge that my therapist is a student, that she / he is accepting no payment and that these treatment notes will be used solely for her / his training.

***Client signature***

***Therapist signature***

## **Essential and base oils used:**

Base oil ml:

Dilution %:

Base oil used:

EOs used:

EO drops (of each oil):

Brief reason for choice (of each oil):

## **Your observations:**

*Of client, e.g. posture, state of relaxation, responses to massage including non-verbal communication, specific areas of muscle tension, skin tone etc.*

**How YOU felt before, during and after giving the treatment:**

*Note this question is about YOUR emotions, e.g. were you nervous, excited, tired etc?*

**What YOU think worked well:**

**PERSONAL ACTION PLAN (write one thing you will try to improve next time):**

**Comments/notes for next time:**

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**CLIENT FEEDBACK**

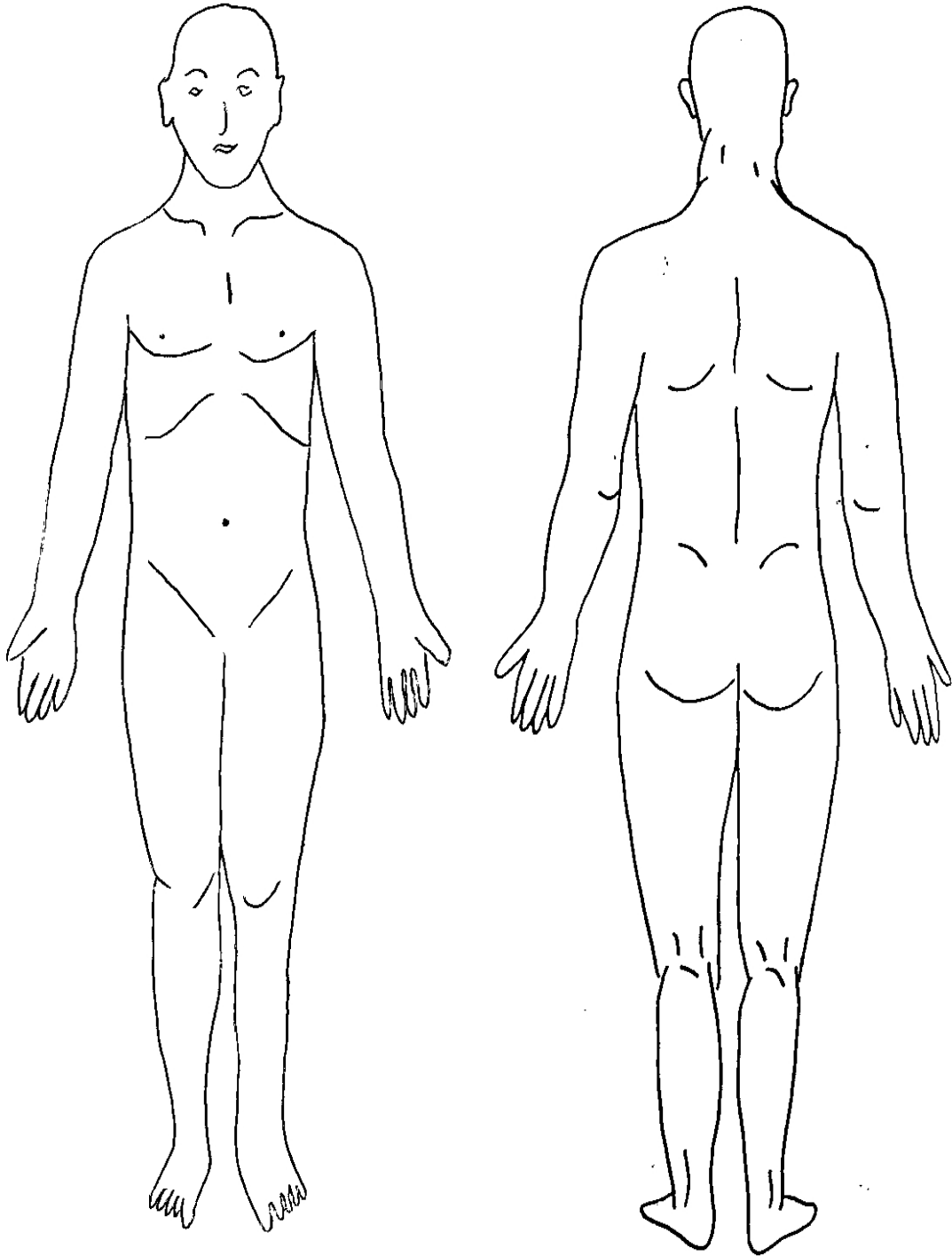
*About the whole experience - ask your client to complete.*

***Please state one thing your therapist should focus on, in order to improve:***

# Massage Observation Sheet

Log No:

Mark on the diagrams your physical observations, e.g. where you feel muscle tension (name the tense muscles), areas of hot, cold etc.



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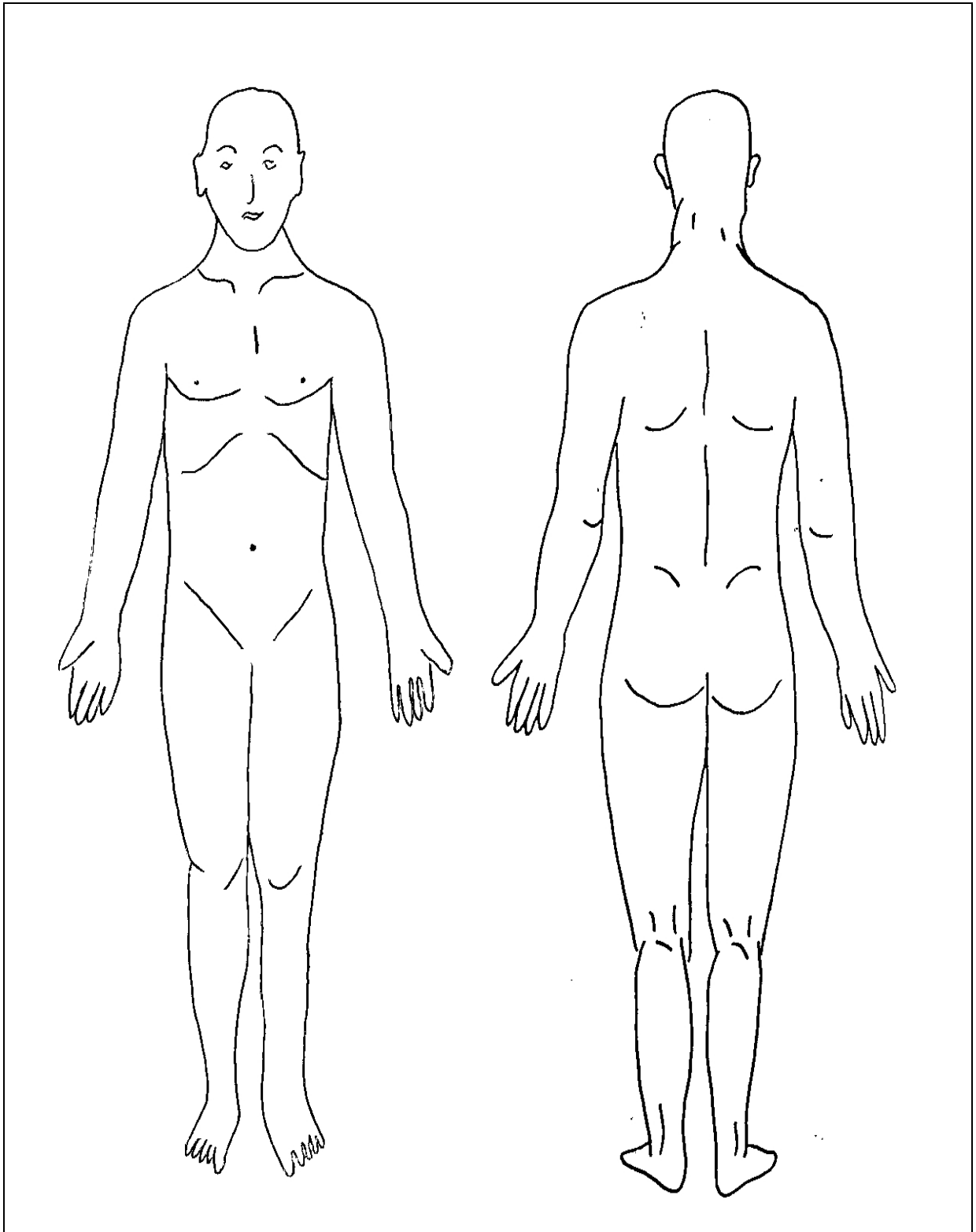
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## Message Log Submission Sheet

*Please submit one of these sheets with every set of homework.*

**Student:**

**Tutor:**

**Date:**

**Number of logs submitted today:**

**Number of logs submitted in total:**

### **Tutor Feedback**

*As well as general feedback we will give you suggestions and make requests to help you improve your massage work. These are not criticisms, but tools to help you develop your skills.*

**Student Comment**

## **Class Clinic Forms (Day 9)**

**Therapist:**

- This treatment should last ONE HOUR; below are suggested timings.
- After the treatment both yourself and your client should complete the relevant sections of the feedback form. Your tutors will give you written feedback on Day 10.

<b>Treatment Timings</b>	
Quick consultation	5 minutes
Blending	5 minutes
Massage (back + one other area)	45 minutes
Client care (turning over etc)	5 minutes

### **Class Consultation Form**

Client Name:

Age:

1. How are you feeling today:-

- Physically?
  
- Mentally / emotionally?

2. Are you suffering from any health problems, or are there any other relevant issues, that your therapist should know about? YES / NO

*If yes, please give details.*

3. Treatment Aim: *how would you like to feel at the end of this treatment?*

Client signature:

Date:

Therapist signature:

Therapist email:



## **Class Clinic: The Blend**

## **Therapist Notes**

Base oil:

Quantity:

Essential Oil dilution (%):

Essential oils used:

Drops:

BRIEF reason for choice (1-2 words):

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### **The Massage**

In addition to the back, what other body area did you choose to massage?

Why did you choose this body area?

Considering your massage techniques, what was the best thing about the treatment you have just given?

What do you need to work on most, in order to improve?

**Class Clinic: General**

**Therapist notes**

Spend a few moments thinking about the blend, your appearance, your consultation style & your general client care, including towel management. What were the strengths of the treatment you have just given?

What do you need to do to improve?

**Client Name:**

**Your therapist's name:**

Think about the whole treatment you have just received: the consultation, essential oil blend, massage skills, client care, general appearance and approach of your therapist.

What was the best thing about the treatment?

State one thing which your therapist needs to work on, in order to improve?

Any other comments?

Signed:

Date: