

Do you have any particular goals in mind for this session?

Are there any areas you would prefer to avoid?

Do you have a preference for music? For example, classical, nature sounds, or none?

What kind of pressure do you like? Light Moderate Firm Very Firm

The following sometimes occur during massage. They are normal responses to relaxation. Trust your body to express what it needs to: need to move or change position / sighing, yawning, change in breathing / stomach gurgling / emotional feelings / movement of intestinal gas / energy shifts / falling asleep / memories.

Please read the following and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis, and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. If I experience pain or discomfort during the session, I will immediately inform my massage therapist so that the pressure and style of work can be adjusted to my level of comfort.
4. I understand it is my responsibility to inform the massage therapist of any medical conditions that could affect the safety or efficacy of the session.
5. I understand that massage therapy should not be done under certain medical conditions, and I affirm that I have answered all questions pertaining to medical conditions truthfully.

Signature_____ Date_____