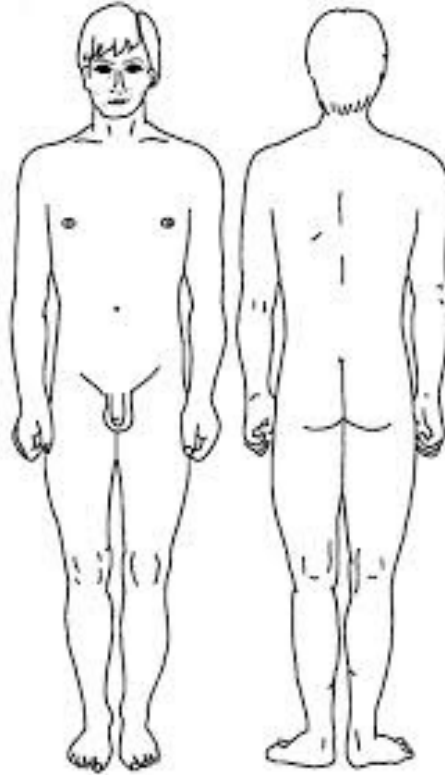


# PRE-MASSAGE CONSULTATION

Instructions:

Using the **highlighter**, identify the problem areas where you wish to have the Masseur give focus and attention during this session. As well, if there are areas for which you are too uncomfortable/painful to be touched, place an 'X' in that region. For instance, there are people that are simply uncomfortable (or for religious reasons) having their feet or top of their head touched.



Your name: \_\_\_\_\_ Date: \_\_\_\_\_

I am: \_\_\_\_\_ Right Handed \_\_\_\_\_ Left Handed

Indicate any ailments/problems you have recently experienced:

- |                           |                           |                      |                         |
|---------------------------|---------------------------|----------------------|-------------------------|
| _____ Difficulty Sleeping | _____ Headaches/Migraines | _____ Nausea         | _____ Numbness/Tingling |
| _____ Diabetes            | _____ Blood Pressure      | _____ Joints         | _____ Cancer            |
| _____ Epilepsy            | _____ Low Sex Drive       | _____ Stress         | _____ Sinus             |
| _____ Fatigue / Tiredness | _____ Anger Outbursts     | _____ Feeling lonely | _____ Leg Twitching     |

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Recent injuries: \_\_\_\_\_

Promo Code used for this visit: \_\_\_\_\_ Fee for service: \$ \_\_\_\_\_