

Name: _____ Date: _____.

What are your goals for your massage session today?

___ Pain management ___ Stress management ___ Increased range of motion

___ Relaxation ___ Other (please explain):

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Please provide the following information on the figures below:

- 1) Mark any areas where you feel pain, tension, or discomfort.
- 2) Note beside each area the level of pain/tension on a scale of 1-10, with 1 being mild discomfort and 10 being the most pain you can imagine.

