

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) Circle or shade any areas where you feel pain or tension
- 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.

