

Name: _____ Date: _____.

What are your goals for your massage session today?

Pain management Stress management Increased range of motion

Relaxation Other (please explain):

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.

