

11. Would you like the table to be warm, utilizing the table warming pad during your session? YES NO UNSURE

12. Pressure/Intensity

A good massage is not so deep that you flinch or tense, but deep enough that it feels good to you.

GENERALLY SPEAKING, on a scale of 1-10, indicate what depth of pressure and intensity feels perfect to you?

(1=light touch 10= too much)

(_____)
1 2 3 4 5 6 7 8 9 10

During the massage session, please notify the therapist if you need to change the intensity.

13. How time is spent

GENERALLY SPEAKING, are there any areas you want the therapist to skip entirely, either because you don't like it, or because you want to allocate more time elsewhere?

14. Please let us know the things you really love in a massage (for example, I LOVE my scalp worked)

15. Please let us know anything that annoys you or leaves you disappointed in a massage.

(We would prefer to NOT do those things!)

In compliance with our personal desire to offer exceptional service, clients are required to complete the following release prior to the massage session:

Feedback: I understand that my feed back is an essential element in my treatment, therefore if at any time should I become uncomfortable during the massage I will bring it to my therapist's attention immediately and/or request that the session end. **Please Initial:** _____

Before your session begins today, the therapist will instruct you on appropriate clothing removal, lying on the table with sheet/blanket pulled up, and how to let the therapist know you are ready for your session. If you have any questions, PLEASE ask!

Patient Signature

Date