

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Start: Supine or Prone

Concentrate on: \_\_\_\_\_

Don't Massage: Face-Scalp-Neck-Upper Chest-Arms-Hands-Stomach-Legs-Feet-Glutes-Back

Injuries: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Diseases: \_\_\_\_\_

Medications: \_\_\_\_\_

Client gets: Cold or Hot

Use: Oil or Cream or Lotion

Massages: Once a week or Once every two weeks or Once a month or Every now and then

