

Name
Phone
Email
Address
Birthday

What medical conditions do you have or have had in the past?

What major injuries or surgeries (if any) have you had happen to your body?

What is your main motivation for receiving massage?

What aspects of massage do you enjoy?

What are some things that you disliked about past treatments?

Are there any areas of focus for your massage?

Are you pregnant?

Feel free to add any additional comments or questions below or on the back of this document.

By signing this document you are stating that you have not withheld any important information from your responses to the above statements and you are giving Phil Harris LMT #11706 permission to give you massage.

This is Your Massage. Please keep the communication open. I want you to have the best experience that you can. I am aware of the body's non-verbal clues to indicate how the massage is going, however I would like you to understand a few basic massage principals so that you can properly understand what is going on in your body so that you are able to communicate this to me.

- Please use the 10-degree scale to describe the pressure level in your body. Therapeutic Massage will be from the 5-7 range. It can sometimes be an 8, but only for a limited time AND as long as all of the points of this document are sound within your body. A 9 & 10 is way too deep and you need to notify my immediately if this ever happens.
- Breathing assists in the release of muscle tissue and energy during the massage experience. If your breathing becomes erratic or is being held, the session has ceased to be therapeutic.
- Keep your body as loose as possible. If you feel yourself tensing any area of your body, the pressure is most likely too deep and you need to inform me.

Please sign below stating that you have read and agree to cooperate w/ the above statements.