

Name: _____

Date: _____

Intention(s) for session, or how would you like to feel at the end of the session: _____

| |
|--------------------------|
| <input type="checkbox"/> |
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| <input type="checkbox"/> |

30 minutes
 60 minutes
 90 minutes

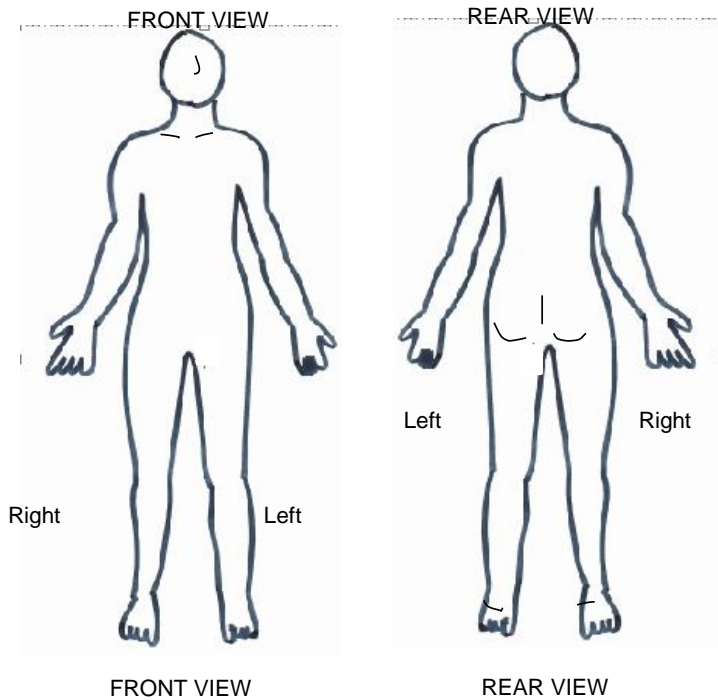
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| <input type="checkbox"/> |
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Relaxation
 Integrative Reflexology
 Somatic Experiencing/Awareness (Communication about your sensations)
 Deep Tissue / Myofascial Release / Muscle Melting

Aroma / Essential Oils (if any): _____

On the figures below, indicate areas of tension (T), pain (P), injury (I), surgery (S)

Quickly scanning the list below, put a **B** for sensations you notice **Before** the Session, **A** for sensations you notice **After** the session.



- | | | |
|--------------|-------------|-----------|
| Dense | Thick | Flowing |
| Breathless | Fluttery | Nervous |
| Queasy | Expanded | Electric |
| Heavy | Tingly | Floating |
| Fluid | Numb | Wooden |
| Dizzy | Full | Congested |
| Spacey | Trembly | Twitchy |
| Tight | Hot | Bubbly |
| Achy | Wobbly | Itchy |
| Frozen | Shaky | Calm |
| Suffocating | Buzzy | Energized |
| Contracted | Expansive | Smooth |
| Tremulous | Constricted | Warm |
| Knotted | Icy | Light |
| Blocked | Hollow | Cold |
| Disconnected | Sweaty | Streaming |

Additional comments after session about what you notice:

Do what you love



Love what you do



Be comfortable doing it

Susanne's Massage & Embodiment Works