

Name: _____

Date: _____

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

- 15 minute foot soak
- 45 minutes bodywork
- 60 minutes bodywork
- 90 minutes bodywork

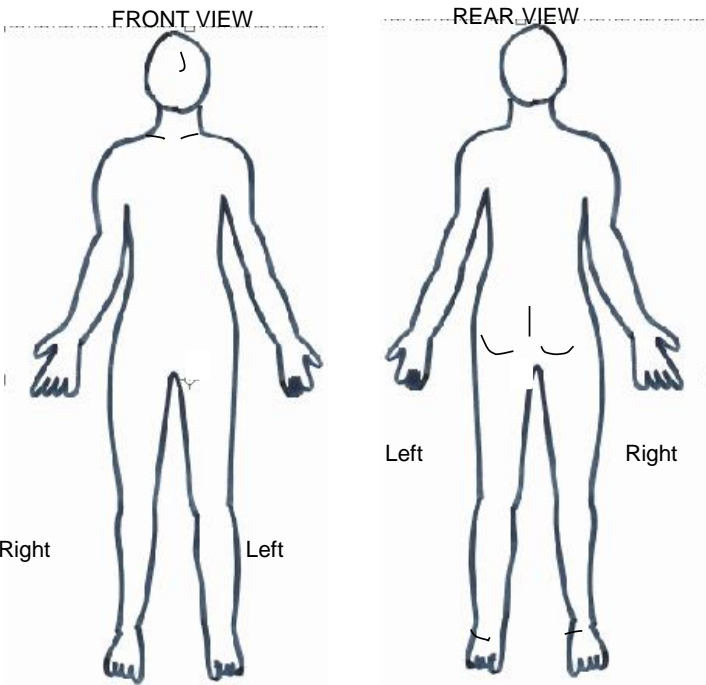
(check all that you wish included in your session)

- Relaxation/ Rejuvenation
- Integrative Reflexology
- Somatic Experiencing/Awareness
- Biodynamic Craniosacral
- 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 |

FRONT VIEW REAR VIEW
Additional comments **after session** about what you notice: _____

Do what you love



Love what you do



Be comfortable doing it

Susanne's Bodywork for Well Being