

Elysium Massage
Session Form

Name _____

Date _____

What are you wanting out of today's massage? _____

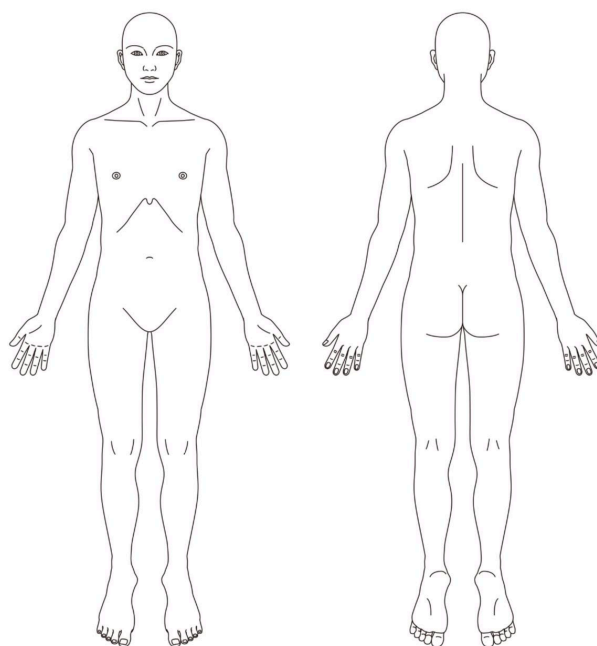
Are there any areas you would like for me to avoid? _____

Areas of broken skin? (rashes, wounds, etc) ☐yes ☐no If yes, where? _____

Reason for seeking today's massage: ☐Relaxation ☐Specific Problem _____

How much pressure do you prefer? ☐Light ☐Medium ☐Firm

Please indicate any areas you want worked



By signing below, I acknowledge that I am aware of the benefits and risks of massage therapy and that I have completed this form to the best of my knowledge. I also agree to update my massage therapist on any health or medical changes.

Client signature _____

Date _____

Therapist signature _____

Date _____