

Your comfort and satisfaction matter. Please complete this short form so we can provide the best experience possible.



Personal Information

Full Name: _____

or Preferred Name (if different): _____

Year of Birth: _____

Phone Number: _____

Email: _____

Preferred Contact Method: ☐ Phone ☐ Text ☐ Email

Questionnaire

Health & Safety

1. Do you have any allergies (e.g., oils, lotions, scents)?

2. Do you have any medical conditions (e.g., skin sensitivities, circulatory issues) that should be considered?

3. Are you currently taking any medications that may affect your session?

4. Do you have any injuries or areas to avoid?

5. Do you have any preferences regarding pressure or technique?

Experience & Preferences

Light	Medium	Deep

6. Have you received an erotic or sensual massage before? ☐ Yes ☐ No

7. What is your primary goal for this session? (e.g., relaxation, stress relief, connection, pleasure)

8. Are there any areas you prefer extra attention or to be avoided?

9. What type of touch do you enjoy most? (e.g., featherlight, firm, flowing, kneading)

10. Do you prefer conversation, quiet, or soft-spoken communication during the session?

Music & Ambiance

11. What primary genre of music do you listen to?

12. Do you have any specific artists or songs you'd like included?

13. Do you prefer soft background music or a more immersive sound experience?

All information is confidential and used to enhance your comfort, safety, and overall experience.

Boundaries & Comfort

14. Do you have any personal boundaries or preferences I should be aware of?

15. Is there anything that would make you feel more comfortable during the session?

16. Are you comfortable with scented candles/incense? ☐ Yes ☐ No

Consent & Agreement

I understand that this session is a professional, consensual experience designed for relaxation and connection. I confirm that I am of legal age and that I will communicate any discomfort or preferences during the session.

Signature: _____

Date: _____



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