

CONSULTATION FORM INDIAN HEAD MASSAGE

LIFESTYLE

	1	2	3	4	5
Do you drink alcohol? If so how often?					
Do you smoke? If so how many a day?					
Energy level					
Would you say your stress level					

Details if levels are high

What are your hobbies? How do you relax?

Why have you come for an Indian Head Massage treatment?

DISCLAIMER

I have answered the questions truthfully. I understand the therapist has gone through this consultation with me, to identify if there are any contra-indications that would affect me having a treatment. I also understand that this is to safeguard me as well as the therapist. I therefore do not hold the therapist KAMILA GLASEK liable.

Client signature

Client To Print Name:

Date

Areas of tension.....

Comments.....
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