



1223 17TH Avenue
Longview, WA 98632
360-353-5375

Name: _____

TREATMENT PREFERENCES

The purpose of this form is for us to quickly get to know you better, and get familiar with your preferences, as relaxation and healing can look very different from one person to the next.

On a scale from 1 to 10, with 1 being very light, relaxation massage, and 10 being a very deep massage, what number would you say best fits your pressure preference for your massage treatments? _____

We have heated tables, would you like it turned on and heated up for you? _____

Do you have a music preference? We can play a Pandora station for you, please list an artist or song to create a station for you. (If you have no preference, we will play relaxing music) _____

Do you prefer the use of lotion or oil? We usually use unscented lotion or coconut oil: _____

What level of chatting do you prefer during your massage sessions? Select #: _____

1. Please don't talk, I prefer to listen to the music and focus on relaxation.
2. Check in with me from time to time, but otherwise let me relax.
3. Light chatting is ok, it helps me to feel comfortable.
4. I can easily relax while being social, chat away!

Please list any essential oils you like used during your sessions, we will try to accommodate as our inventory allows: _____

Are there any parts of you body you prefer left out of the treatment? (For example, some people have sensitive feet) _____

Have you ever had a massage and were dissatisfied? (At any clinic) Please tell us why, so we never make the same mistake: _____

Are you sensitive to any scents, natural or otherwise? (Laundry soap, perfume) _____

Anything else you'd like us to know? _____
