

NAME _____

DATE _____

RED INK — Draw in **SCARS**,
accidents, injuries, surgeries ...

LABEL: 1. What it is
2. Year it occurred

HIGHLIGHT in **YELLOW**



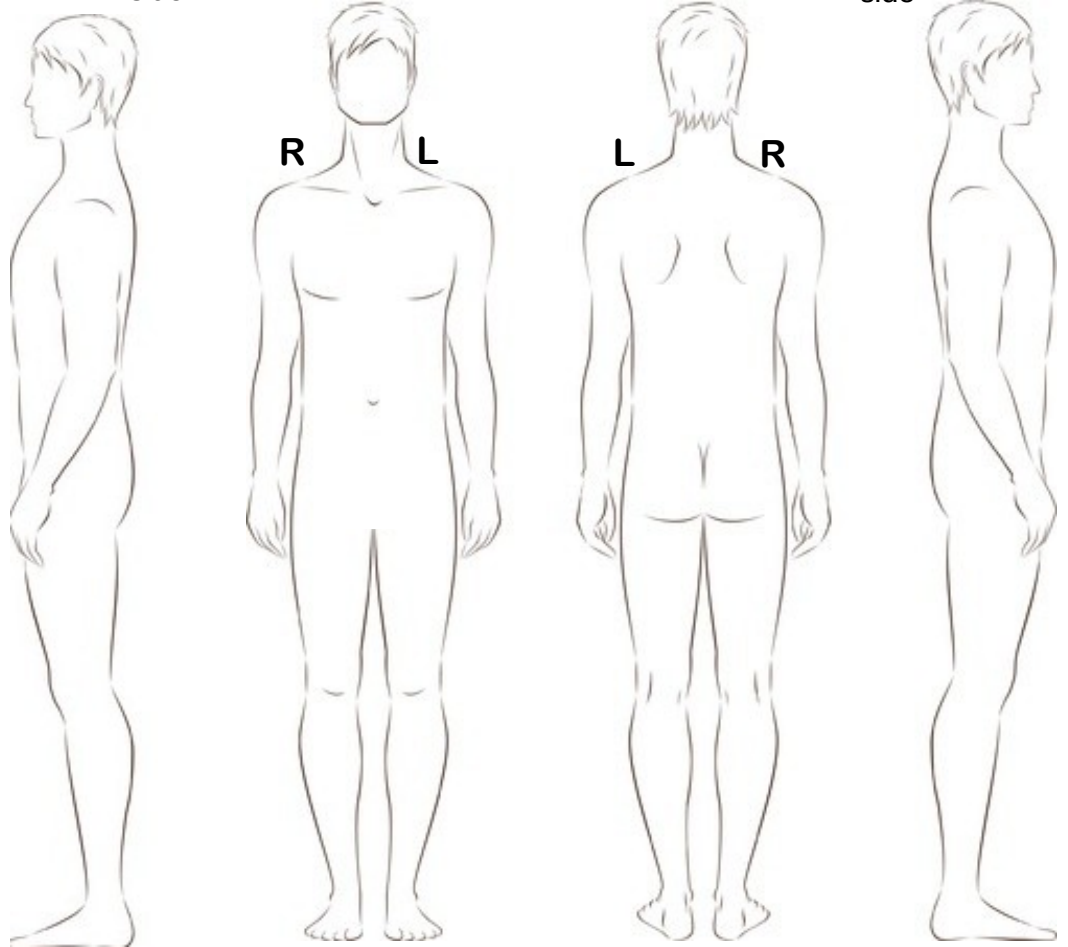
LEFT
side

RIGHT
side

FOR: Massage Therapist
Only

Important History Notes

Insurance Related: Yes No
Date of Accident:



FAVORITE Massage Areas: Example—feet

AVOID these areas: Example—face/hair

PREFERENCES: Warm Cool Deep / Firm Pressure Lighter Pressure

Circle

Full Body Relaxation or Therapeutic/Medical Massage—Focus on Resolving Issues

Prefer To Be Quiet Minimal Talking Love To Talk