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Massage Customization Form

This form is to address what kind of massage you want for this specific session. There is a FAQ section on my website that answers many questions, such as massage types and conclusions, but feel free to ask me any questions you may have.

What type of massage are you see	king?		Integrated
What type of pressure do you norn	nally prefer?		Heavy
How would you like your massage	concluded?		Both
Do you have any specific goals in r	nind for this massage session	?	
Would you like any accommodation Bolster under knees while back Extra blanket over top she	lying on Bolster under stomach		Bolster for chest
Music preference, see clipboard or Lo-fi Other:	Nature		
Are there any areas you consider s		\mathcal{M}	\sum
Do you want your scalp massaged your hair)	? (note: this can mess up	$\left(1 \right)$	$\left(1 \right)$
Yes	🗌 No		
Please mark on the diagram any a Want focus on: Want avoided: X Feeling pain or discomfort: !	reas you:		
Do you want pectoral work?			
No Chest	Upper Chest Only	שין רש	
Full Chest			
*Please note this work can be done partially, or not draped, and include you identify as female and you wis please fill out the other "Chest Mas info can be found in the FAQ	e or avoid breast tissue. If h to receive Full Chest work		
Do you want abdominal work?		()	
Yes	🗌 No		