INTENDED HEALTH BENEFITS:
MASSAGE THERAPY SERVICES

Your Name: _____

List the specific health benefits you intend to achieve through massage therapy:

_____

_____

_____

_____

Now describe the level of health you'd like to be experiencing one year from today:

_____

_____

_____

_____

Are there any mental/emotional changes you need to make to achieve that goal?

_____

_____

_____

_____

Signature _____ **Date** _____