Lighthouse Massage

Intended Health Benefits/Outcomes

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Your Name: _____ **Date of Initial Visit:** _____

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 physical activity changes you need to make to achieve that goal in addition to massage therapy?

_____

_____

_____

_____

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

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_____

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_____

Signature: _____ **Date:** _____