

# Thai Yoga Massage 3: 2-session Wellness Treatment

*Lotus Palm*

Client's Name:

Telephone:

Predominant Dosha(s):

Doshic Ratio:

V:

P:

K:

Main purpose for treatment:

**1st Session:**

**Date:**

**Post-evaluation**

Recipient's response to massage:

Contraindications:

Difficulties encountered:

**2nd Session**

**Date:**

**Pre-evaluation**

Update on main purpose for visit:

**Post-evaluation**

Response to massage:

Contraindications:

Difficulties encountered:

Yoga postures recommended (for home practice):