

Thai Yoga Massage 4: 4-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):

3rd Session:	Date:
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Pre-evaluation

Update on main purpose for visit:

Recipient's response to massage:

Contraindications:

Difficulties encountered:

Nutritional recommendations:

4th Session	Date:
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Pre-evaluation

Update on main purpose for visit:

Post-evaluation

Response to massage:

Contraindications:

Difficulties encountered:

Lifestyle recommendations: