



MASSAGE THERAPY GOAL SETTING:

Your Name: _____

Age / DoB: _____

Sex: _____

CURRENT STATE:

If you were to describe your physical & emotional state to a friend over dinner, what would you say?
How does dealing with this make you feel?

DREAM STATE:

How would you want to feel like in one year time?

What is your top priority on the list?

VALUE & BELIVES:

What do you believe is true about the situation that you are facing?

Have you tried other form of treatment and were not satisfied with the result?

Signature

Date
