



## CLIENT CHECK-IN SHEET

Date: \_\_\_\_\_

Service:  Zone Therapy  Massage

Name: \_\_\_\_\_

On a scale of 1-10, how are you today?      low <<   1   2   3   4   5   6   7   8   9   10   >> high

What one word describes you today?      \_\_\_\_\_

What were the best things that happened since our last visit?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are your main concerns today?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you want to accomplish in this session? \_\_\_\_\_

\_\_\_\_\_

List habits that are not working?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List obstacles that you have faced this week,  
either people or circumstances:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List habits that are working?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_