

Body Treatment Questionnaire

Name: _____

Address: _____

Home Telephone _____ Work Telephone _____ DATE OF BIRTH: / /

PLEASE COMMENT ON THE FOLLOWING:

Type of Work: _____

Weight (stability, loss, etc.) _____

Special Diet / Eating Patterns: _____

Description of Exercise / Sports Program / Frequency: _____

Are you under the care of a doctor or specialist, please advise: _____

List all medications (pills, vitamins, and birth control...): _____

Gynecological problems / Abnormalities: _____

Pregnancy / Endocrine System. (Hyperthyroid or Hypothyroid - Thymus etc.): _____

Indicate Ingredient Allergies (Include any allergies or reactions to ingredients in skin and body products, or particular product lines): _____

Indicate Food Allergies: _____

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Please circle the answer that applies to you.

1. Stress level HIGH MEDIUM LOW

2. Do you smoke? YES NO If so, how much? _____

3. Blood pressure HIGH NORMAL LOW

4. Have you been diagnosed with a heart condition? YES NO

5. Do you have a pacemaker, or any metals in your body? YES NO

6. Do you have any of the following conditions?
 Thrombosis /Phlebitis Varicose Veins Circulation Problems

Thank you for answering our questions. The information in this questionnaire is strictly confidential. With the following information, you have enabled our Body Therapist to give you the most personalized, effective and relaxing treatments possible for your individual needs.

Client's Signature: _____ Date: _____

Please note that it is extremely important to inform us, at any time during your course of treatment, of any changes in your health, lifestyles or medication history. It is for your protection and safety. Thank You.

****IMPORTANT****: Serious health conditions requiring medical intervention should not be treated by a Body Therapist and should be referred to the appropriate medical personnel.

Spa Practices 4 Log Summary

Name: _____ Student Mailbox Number _____

Please update this page as a coversheet each week; keep the coversheet in the front of your log folder. Include all of your work to date.

The Spa Practices 4 requirement is to perform and document 8 logged hours of treatments divided as follows:

Giving	<input checked="" type="checkbox"/>	Receiving	<input checked="" type="checkbox"/>
1 hour Seaweed Wrap	<input type="checkbox"/>	1 hour Seaweed Wrap	<input type="checkbox"/>
1 hour Mud Wrap	<input type="checkbox"/>	1 hour Mud Wrap	<input type="checkbox"/>
1 hour Aromatherapy Massage and Body Treatment	<input type="checkbox"/>	1 hour Aromatherapy Massage and Body Treatment	<input type="checkbox"/>
1 hour Aromatherapy Massage and Body Treatment	<input type="checkbox"/>	1 hour Cool Compression Leg Wrap	<input type="checkbox"/>

Please check box when complete.

Giving logs must be performed on 4 different people.

Spa Practices 4 Giving Log



Please attach a completed body treatment questionnaire with each log.

Client Initials: _____ Body Tx: _____ Date: _____

S: SUBJECTIVE The information your client tells you prior to the massage session.

1. What did your verbal intake and body treatment questionnaire tell you about the client?
2. What are the client's goals?

O: OBJECTIVE Your observations regarding this client before and during the session, procedures/techniques used, and session goals.

1. What are your practice objectives for this session? (Topic, technique, specific concerns you are having)
2. Describe your experience with technique

A: ASSESSMENT The changes that you observe in the client's body during and after the session.

1. What were the observed results and changes?
2. What was the response of the receiver?

3. Was this the best choice of treatment for this client? If not, explain.

P: **PLAN** Your review of the effectiveness of this session and your recommendations for future sessions.

1. What are the plans/objectives/ intentions for future sessions?

2. What are the client recommendations for home-care?

Additional Comments

1. What did you learn from this session?

Teacher's Comments

Spa Practices 4 Receiving Log



Spa name and who performed service OR student's initials from class _____

Name of body treatment _____ Date: _____

BEFORE YOU BEGIN Before you schedule it, decide what you want to learn from this session

1. In one sentence, besides relaxation and fulfilling requirements for log hours, what do you want to learn by receiving doing this session? BE SPECIFIC.

I want to learn _____

S: SUBJECTIVE This is information that you, as a client, share with the therapist prior to the body treatment session

1. Is there a condition (or conditions) on your **CCMT** Client Questionnaire that the therapist needs to address while doing this session? Yes No
2. If you have seen this therapist before, and there is a change(s) that would affect today's body tx did you note it on your CCMT Client Questionnaire? Yes No N/A

O: OBJECTIVE Mind/body awareness that came up as you received this body treatment.

1. Did the therapist address conditions indicated on your **CCMT** Client Questionnaire?
Yes No N/A
2. Did the therapist explain the body treatment and what to expect during the treatment?
Yes No Explain: _____
3. **Before** the body tx, what observations and/or awarenesses did you notice about yourself?
Physical State: _____

Mental State: _____

Emotional/Energetic State: _____

Other: _____

A: ASSESSMENT The changes you observed in your mind/body after the session.

1. **After** the body tx, what observations and/or awarenesses did you notice about yourself?

Physical State: _____

Mental State: _____

Emotional/Energetic State: _____

Other: _____

2. What could have been different/better about this session? _____

P: PLAN The effectiveness of this session and recommendations for future sessions

1. Did you accomplish your goal? Yes No **Briefly explain your answer:**

2. Choose one of the following areas of self-care that you observed as needing attention **AND** explain your plan to improve it?

Giving constructive feedback Ethical issues: Specify _____

Courage to ask for what you need Distractions Other: _____

Boundaries/modesty issues Specify: _____

3. In one sentence, besides relaxation and fulfilling requirements for log hours, what would you like to learn for your next log session as a receiver? **BE SPECIFIC.**

I want to learn _____

FOLLOW-UP Now that you have received this session, what did you learn from it?

1. What did you learn from this session that will enhance your future sessions?

TEACHER'S COMMENTS: