

- ☐ Swish ☐ Card ☐ Klarna ☐ Minfriskvård
☐ ActiWay ☐ Benify ☐ Söderberg & Partners

Company: _____

Name: _____

Telefonnummer: _____

Email: _____

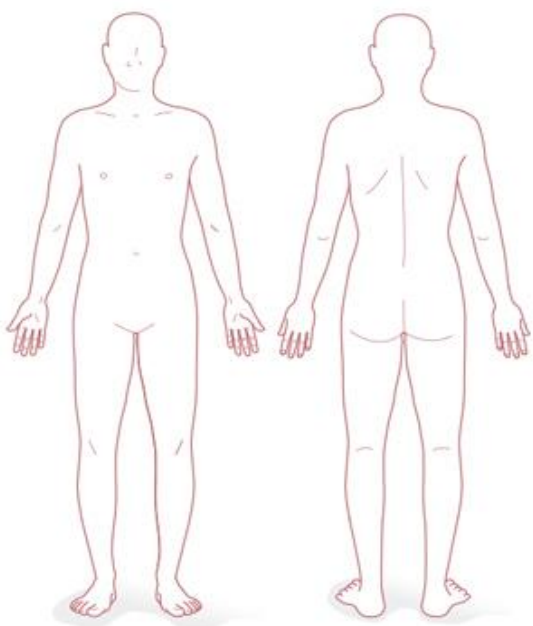
What do you expect from your massage today?

Mark on the figure below and scales to the right:

Please mark on the figure below where you want your masseur to focus the treatment. On the scales to the right please indicate how stiff, pain and stress you feel before the massage. Mark with a 0-10 how stiff, pain and stress you feel. 0 = no stiffness, pain or stress. 10 = very stiff, pain and stress.

Frontside

Backside



Date & Time: _____ Finish: _____

Service booked: _____

☐ Giftcard/ Prepaid ☐ 1st visit Time: _____ min

☐ E- Passi ☐ Smartbox ☐ ClassPass ☐ Invoice _____

☐ Wellnet ☐ Greatdays ☐ Cash ☐ Member _____

Company number/ ID number: _____

Notes:

☐ Less stiffness ☐ Less pain ☐ Less stress

☐ Relax ☐ Else: _____

Mark stiffness, pain and stress before the massage



Please mark how hard massage you want
Relaxing oil/Pregnancy: 1-2, Therapeutic massage: 3-5

1 = Easy _____ 5 = Very Hard

General health and things i should know about you ?

- ☐ Fever/infection
☐ Diabetes
☐ High bloodpressure
☐ Pregnant, if yes which week? _____
☐ Herniated หมอนรองกระดูกสันหลังเคลื่อน
☐ Cancer
☐ Osteoporosis
☐ Rheumatism
☐ Cardiac problem/Stroke
☐ Have you had any accident? Whiplash?

☐ Other _____
☐ Do you take any medication? If yes for what? _____

Notes from the masseur:

- Which place ☐ Clinic ☐ Customer
- ☐ Therapeutic ☐ Relaxing
- ☐ Pregnant ☐ Feet & Leg
- ☐ Laser P T ☐ Hotstone
- ☐ Drop-in ☐ Online ☐ 2
- ☐ Phone ☐ After massage

Price: _____ Kr

Signature customer: _____

Masseur/Masseus: _____

Which company do you think we should contact in order to offer Massage at work?

Who should we contact there? _____