

PENNSYLVANIA MYOTHERAPY INSTITUTE
Professional Massage Experience Form

_____ clinic card

STUDENT'S NAME: _____

PROF. THERAPIST'S NAME: _____

DATE: _____ **SESSION LENGTH:** _____ **TYPE OF SETTING:** _____

1. Did you complete an intake or a health history form? YES NO

2. What bodywork modalities did the therapist use in your session?

3. Did the therapist "tailor" the session based on information you provided on the intake or health form/or in pre-session communication? If yes, how specifically?

4. Was there anything uncomfortable about the session?

5. What did you especially like about the experience?

6. Did you experience anything new that you feel you want to apply to your own practice?

7. Was there anything particularly "annoying" that you know you would never/probably not include in your practice?

****A business card, brochure or flyer from the Professional Massage Therapist *must be* attached to this form to receive credit towards Clinic/Externship clock hours.**