elements
therapeutic massage

Client Survey

How did you hear about Elements?

O Internet/Google search O Postcard/Mailing O Val Pak O Drive By/sign

O Referral O Other_____

If you were referred, please let us know by whom so that we can personally thank her or him:

Referral Name _____

What physical activities do you participate in regularly? This can help define areas that may require more attention during your massage:

O Cycling O Golf O Martial Arts/Kick boxing O Pilates O Yoga O Running

O Swimming O Tennis O Walking O Weight training O Other_____

Have you had massage therapy before? O Yes O No

If you have had massage before, how often do you have massage therapy?

O Weekly O A couple times per month O Monthly O 6 times or more per year

O 6 times or less per year

What are you looking for from your typical massage? (Check all that apply)

O Relaxation O Pain Relief O Sport Specific Therapy O While Undergoing Physical Therapy

O Deep Tissue Work O Stress Management O Other _____

I do not receive massage therapy more often because:

O Cost O I neglect to schedule it O Inconvenience O Time

I would receive massage therapy more often if:

_____

_____

Are you aware that Elements offers a discounted month-to-month Massage wellness program and/or discounted massage packages? O yes O no