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## Client Survey

How did you hear about Elements?

- Internet/Google search     Postcard/Mailing     Val Pak     Drive By/sign  
 Referral     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:

- Cycling     Golf     Martial Arts/Kick boxing     Pilates     Yoga     Running  
 Swimming     Tennis     Walking     Weight training     Other \_\_\_\_\_

Have you had massage therapy before?     Yes     No

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

- Weekly     A couple times per month     Monthly     6 times or more per year  
 6 times or less per year

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

- Relaxation     Pain Relief     Sport Specific Therapy     While Undergoing Physical Therapy  
 Deep Tissue Work     Stress Management     Other \_\_\_\_\_

I do not receive massage therapy more often because:

- Cost     I neglect to schedule it     Inconvenience     Time

I would receive massage therapy more often if:

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

**Please let us know if there are any changes in your health.**

**We MUST have physician permission on file for any prenatal massages (If you become pregnant, we must have the permission on file or we cannot provide the massage).**