



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:

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