



Client Survey

Name:

Please help us with our marketing efforts! How did you hear about us?

- Internet/Google search Postcard/Mailing Val Pak Saw Sign/Drove By
 Referral SpaFinder SpaWish Gift Card Golf Scorecard
 Lakewood Ranch Digital Village Other_____

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

Referral Name _____

Are you a:

- Full-time Resident Part-time Resident Visitor

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

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