



Welcome to **Elements Massage**®.

Please take a moment to share with us some important information so we may better customize your session.

ALL ABOUT YOU	Full Name (please print)		Please leave blank.
	Occupation		
	How did you hear about us?	<input type="checkbox"/> Drove by <input type="checkbox"/> Member referral <input type="checkbox"/> Advertisement <input type="checkbox"/> Other	
	Is this your first time getting a professional massage?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, where do you usually go?)	
	How often do you typically get massages?	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
	How often do you <i>want</i> to get massages?	<input type="checkbox"/> Weekly <input type="checkbox"/> Every other week <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
YOUR REASON FOR VISITING TODAY	What is your reason for coming in today?  (CHECK ALL THAT APPLY)	<input type="checkbox"/> Stress <input type="checkbox"/> Pain <input type="checkbox"/> Headaches <input type="checkbox"/> Relaxation <input type="checkbox"/> Insomnia <input type="checkbox"/> Prenatal <input type="checkbox"/> Sports Injury <input type="checkbox"/> Prevention <input type="checkbox"/> Muscle Knots <input type="checkbox"/> Other:	
	What activities contribute most to your pain/stress etc.?		
	On a scale from 1 to 10, please rate your <b>current</b> pain/stress/etc.	0   1   2   3   4   5   6   7   8   9   10 NO PAIN/STRESS <span style="float: right;">SEVERE PAIN/STRESS</span>	
	What does your pain/stress prevent you from doing?		
	How do you typically address your pain/stress/etc.?		
ENHANCE YOUR EXPERIENCE	Would you like to enhance your session with an <b>AromaRitual™</b> or <b>Himalayan Salt Stone</b> service today?  (ADDITIONAL FEE WILL APPLY)	<input type="checkbox"/> <b>ENERGIZE - CITRUS</b> <small>STIMULATE &amp; INVIGORATE YOUR SENSES</small> <input type="checkbox"/> <b>REFRESH - EUCALYPTUS</b> <small>RESET YOUR MIND &amp; BALANCE YOUR SPIRIT</small> <input type="checkbox"/> <b>CALM - LAVENDER</b> <small>NOURISH, RELAX AND PURIFY YOUR BODY</small>	
		<input type="checkbox"/> <b>HIMALAYAN SALT STONE</b> <small>INCREASE CIRCULATION, REDUCE INFLAMATION, IMPROVE SLEEP</small>	
	Would you like to add 30 minutes if available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	