



Client Activities

Note: Completion of this survey will assist your Elements licensed massage therapist deliver a therapeutic experience to better serve your needs.

What is your occupation and which physical activities do you participate in regularly?

This may help define areas that may require more attention during your massage.

Occupation: _____

Activities:

Cycling Golf Martial Arts/Kickboxing 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 Bi-weekly Monthly 6 times or more per year 6 times or less per year

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

Relaxation Pain Relief Sports Specific Therapy As a compliment to Physical Therapy

Deep Tissue Work Stress Management Other _____

Please check all that you wish to be included in your session. Note that all massages provided by Elements are customized to meet your needs and the below items are included in your session. If you are unsure about what you need then please discuss with your therapist.

Deep Tissue Trigger Point Stretching Heat Pads Hot Towel Therapy Biofreeze Table Warmer

I would love to receive massage therapy more often but I'm held back because:

Cost I neglect to schedule this time for me Inconvenient Too Busy Other _____