



J'L Relax Center

Date: _____ Name : _____ Cell Phone: _____

Occupation: _____ Gift Certificates #: _____

Thank you for choosing J'L Relax Center. To help us serve you better, please complete the following survey.

* Have you recently had an injury, surgery, or areas of inflammation? Yes _____ No _____

If yes, please describe _____

* What are your goals for this massage session? _____

* Are you pregnant? How many weeks _____

* Referred by: Yelp _____ Facebook _____ Google _____ Friends _____ Ad _____ Others _____

* What kind of pressure would you prefer? (Soft 1 — Firm 10) 1 2 3 4 5 6 7 8 9 10

*** ADD THESE OPTIONS TO A MASSAGE:**

* Hot Stone (Good for Sciatica & Chronic pain)..... \$10.00 _____

* Aromatherapy Your Choice of: \$15.00 _____

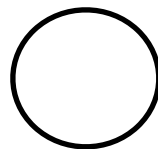
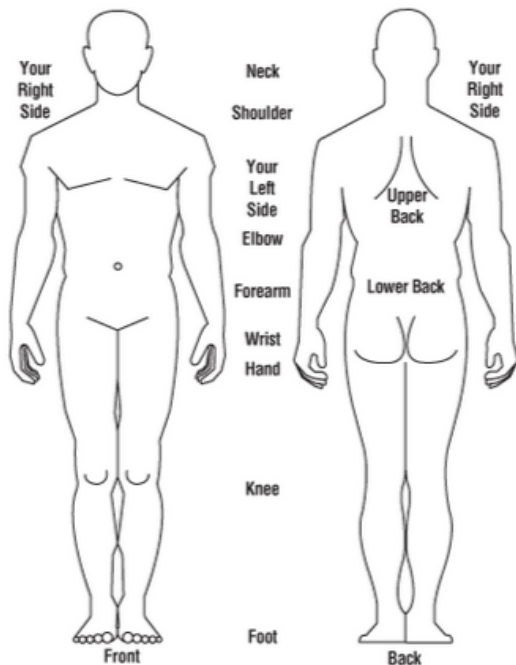
Lavender _____ Lemon _____ Tea Tree _____ Eucalyptus _____ Peppermint _____

Grapefruit _____ Relaxation _____ Sunshine Spice _____ Good Night _____ Muscle Relief _____

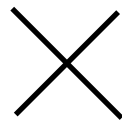
Head Ease _____ Breathe Easier _____ Stress Relief _____ Energy Boost _____ Respiratory Ease _____

Anxiety Ease _____ Massage Therapy _____ Hope _____

*** If you prefer to only focus on one area of your body for your full session, there will be a \$10.00 extra charge.**



Concentrate



Avoid

Please circle areas on the diagram that you feel to need extra work. Cross out the areas you would like to be avoided.