



Massage_____

Facial_____

Massage Therapist: _____

Esthetician: _____

Customize Your Spa Experience

Name: _____

Email: _____

His & Her Day Spa, LLC values your privacy and will not release your e-mail address for outside the spa. Your e-mail will only be used to communicate the spa's information to you.

Date of Birth ___/___/___ If under 18 your age? _____

Occupation: _____

1. How did you hear about His & Her Day Spa?

2. What are your current massage/skin care needs? (Check all that apply)

Stress ___ Injury ___ Pregnancy ___ Relaxation ___ Headache ___ Pain ___
Anti-Aging ___ Health and Wellness ___ Blemishes ___ Dry Skin ___
Sun Damage ___ Other _____

3. Have you received massage therapy/ facial/microdermabrasion/ chemical peels/microcurrent before?

Yes _____ No, this is my first professional massage/facial treatments _____

4. How often do you get a massage/facial treatments?

Weekly ___ Every two weeks ___ Monthly ___ Every other month ___
Quarterly ___ 2 times a year ___ 1 time a year ___

5. Do you receive massage/facial treatments as much as you would like?

Yes ___ No ___

6. How often would you like to receive a massage/facial treatment?

Weekly ___ Every two weeks ___ Monthly ___ Other ___

7. What prevents you from receiving massage/facial treatments as often as you would like?

Time and availability ___ Quality of therapist ___ Cost ___ Other _____

8. What days and times would be most convenient for you? (Circle)

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday Times: A.M. P.M.

9. What qualities are you looking for in a Massage Therapist/ Esthetician?

For Clinic Use Only