

“The Fascia Heeler” In-Home Massage Questionnaire

Full Name: _____

Phone Number: _____

Email Address: _____

Home Address (must be the same address where the massage will be performed):

Is there a gate code to access your home address? If so, what is it?

Where can I park my car that allows me to easily unload/reload my equipment?

Do you live somewhere that requires me to haul my equipment up and down stairs? If so, are you able and willing to help me bring it up and down the stairs?

Please describe the room in your home that we will be doing the massage in (ex. guest room, living room, office, family room, etc.):

Is there anything else I should know about your home/how to get there/parking instructions?

Why are you seeking a session with me today?

How did you hear about me, “The Fascia Heeler”?
