

SerenityNOW! In-Home Massage & Wellness, LLC
Massage Therapist Information Form

Name _____ Date _____
Business Name _____ EIN or DBA# _____
Physical Address _____
Mailing Address _____
Cell Phone _____ Email Address: _____
Speak Multi-lingual (list all) _____

Years of Massage Therapy Experience _____

Massage Apparatus You Currently Have (circle)

Portable Table

Portable Chair

Types of Environments You Have Performed Massage Therapy

Day Spas

Private Setting

Corporate Setting (List Companies) _____

Large Events (List)

Other(List) _____

Massage Specialties: (Please list all of your areas of specialty that you are willing to perform)

Swedish
Reflexology
Active Release technique
Lymphatic Drainage
Acupuncture
Oncology
Thai Massage

Deep Tissue/Sports Massage
Therapeutic/Physical Therapy
CranioSacral
Fertility/Prenatal/Perinatal/Doula
Geriatric
Infant Massage Instruction
Yoga Instruction

Other _____

Other services/expertise/subject matter expert related or unrelated to therapeutic services.
Example –Nutrition, Culinary Classes, Personal Training, Health Coaching, Presentation (list
subject), _____

OtherSpecialties/Certifications _____

Complete and return to Christina Cantu at chris@serenitynowmassage.biz