



SUTHERLAND-CHAN CLINIC
creating healthier lifestyles

Onsite Massage Therapy

Request a Quote - Questionnaire

To assist you better and accommodate your business' needs please fill in the following information.

Contact Information

Name	
Title	
Company Name	
Address	
City	
Province	
Postal Code	
Country	
Telephone	
Fax	
Email	
Website	

Select Services Needed

	Onsite Massage Therapy - Event
	Onsite Massage Therapy - Ongoing Basis
	Health & Wellness (Workshops, Seminars, Lunch & Learns)

Describe Event or Work Environment

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Event Date	
Event Start & End Times	
Event Duration (minimum 4 hrs)	
Event Address	

	Number of employees/clients to receive onsite services
	Number of therapists requested onsite

Frequency of Onsite Visits

(Please check)

	Event - One Day
	Daily
	Weekly
	Biweekly
	Monthly
	Other:

Times/Schedule (Business Hours)

(Please check)

	Full Day
	Half Day
	Morning
	Afternoon
	Other:

Massage Duration (minutes/hours)

(Please check)

<input type="checkbox"/>	10 minutes
<input type="checkbox"/>	15 minutes
<input type="checkbox"/>	20 minutes
<input type="checkbox"/>	30 minutes
<input type="checkbox"/>	45 minutes
<input type="checkbox"/>	60 minutes
<input type="checkbox"/>	Other:

Location of Treatments in Your Facility

(Please check)

<input type="checkbox"/>	Boardroom/Room/ Quiet Area
<input type="checkbox"/>	At Work Station
<input type="checkbox"/>	Other:

Type of Massage Services to be Performed

(Please check)

<input type="checkbox"/>	Over Clothes (no oil)
<input type="checkbox"/>	Direct Skin Contact (lotion or oil)
<input type="checkbox"/>	Massage Chair
<input type="checkbox"/>	Massage Table

Will employee be using benefits coverage for Massage Therapy? (optional)

(Please check)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	If yes, please indicate percentage covered by insurance _____%
<input type="checkbox"/>	No

Payment options to be determined prior to onsite visit (Please check)

	Employee/client is responsible for full payment to the RMT directly & will be provided a receipt, which the employee/client may then send to their benefits provider.
	Company is to be invoiced and is responsible for payment to Sutherland-Chan Clinic Inc.

If you have any further questions please call us at 416-960-0745 or email us at onsite@sc-clinic.com.