



# MASSAGE CENTRAL

12235 Santa Monica Blvd.  
 West Los Angeles, CA 90025  
 310-826-2209 Fax: 310-826-4747  
 Web Site – www.mcla.com

Notes:

## PERSONAL TABLE PROFILE

To allow us to recommend the most appropriate table for your intended use, please provide the following information:

What are you looking for?  Massage table (circle one)  Portable  Stationary  Electrically adjustable  Salon  Other  
 Massage Chair  Desktop Massager

General Information	
What is your price range?	By when do you need the table by?
Your height: _____ Your weight: _____ Approximate weight range of your clients: _____	Do you have a physical condition that will make it difficult to carry a table weighing more than 25 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you get on the table while performing a treatment? <input type="checkbox"/> Yes (for how long? _____) <input type="checkbox"/> No	
If table is for non-professional home use, who will perform treatments? <input type="checkbox"/> I will <input type="checkbox"/> Partner will <input type="checkbox"/> Both will or a therapist	
If table is for professional use, what types of treatment will you perform using the table? (check all that apply)	
<input type="checkbox"/> Acupressure <input type="checkbox"/> Energy work (e.g., Reiki)	<input type="checkbox"/> Prenatal <input type="checkbox"/> Sport massage
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Feldenkrais	<input type="checkbox"/> Reflexology <input type="checkbox"/> Thai
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Heated stone massage	<input type="checkbox"/> Salon treatments (e.g. facials, waxing, scrubs, etc.) <input type="checkbox"/> Wet treatments (e.g., body wraps, scrubs, body musk)
<input type="checkbox"/> Deep tissue <input type="checkbox"/> Light massage (e.g., Swedish)	<input type="checkbox"/> Shiatsu <input type="checkbox"/> Other (describe): _____
Will you do outcalls using the table? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, will you need to climb stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Table Options	
Desired color:	Desired length: <input type="checkbox"/> Regular (73") <input type="checkbox"/> Extra long (78")
Surface material: <input type="checkbox"/> Regular vinyl <input type="checkbox"/> "Ultra Leather" vinyl	Desired width: <input type="checkbox"/> 24" <input type="checkbox"/> 26-27" <input type="checkbox"/> 29" <input type="checkbox"/> 30" <input type="checkbox"/> 31"- 32" <input type="checkbox"/> 33" <input type="checkbox"/> 35" Other width (specify): _____
Do you want a carrying case or cart? <input type="checkbox"/> Yes <input type="checkbox"/> No With zipper pocket? <input type="checkbox"/> Yes <input type="checkbox"/> No	Desired height adjustment range (approximate ranges): <input type="checkbox"/> Short (18" to 28") <input type="checkbox"/> Standard (22" to 35") <input type="checkbox"/> High (25" to 36")
Type of foam: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Extra firm	Head rest: <input type="checkbox"/> Standard <input type="checkbox"/> Double tilt
Desired features (check all that apply)	
<input type="checkbox"/> Face hole or crescent face hole	<input type="checkbox"/> Round corners
<input type="checkbox"/> Easy-access end panel (Reiki end panel)	<input type="checkbox"/> Easy-release cable (to facilitate laying table flat on floor for Shiatsu or Thai massage)
<input type="checkbox"/> Tilt-back table	<input type="checkbox"/> Other (specify): _____
Desired attachments or accessories (check all that apply)	
<input type="checkbox"/> Arm rest (front and/or side)	<input type="checkbox"/> Pregnancy recesses
<input type="checkbox"/> Breast recesses	<input type="checkbox"/> Table cart
<input type="checkbox"/> Foot extender	<input type="checkbox"/> Stool Specify: <input type="checkbox"/> Without wheels <input type="checkbox"/> With wheels/back
<input type="checkbox"/> Paper roll holder	<b>For shipping only, ZIP code</b> _____
Other accessories and supplies (circle all that apply)	
Bolsters, fleece pads, heating pads, sheets, body cushions, prego pillows, lotions, oils, music CDs, essential oils, candles, other	

Your name: \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

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[www.mcla.com](http://www.mcla.com) Please mail or email this form to Massage central, it will help us to recommend the best table/equipments for your needs,



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Others notes or questions you have: