

Client Feedback Form

I appreciate your honest feedback as I continue to improve my practice and create the best massage experience I can for my clients. Thank you!

Please rate your experience in the following categories and provide comments.

| | Excellent | | Good | | Poor | Comments |
|--|-----------|---|------|---|------|----------|
| Appointment-Making Process | 5 | 4 | 3 | 2 | 1 | |
| Appointment Reminder | 5 | 4 | 3 | 2 | 1 | |
| Cleanliness of Room | 5 | 4 | 3 | 2 | 1 | |
| The therapist exhibited a high level of professionalism before, during, and after the session. | 5 | 4 | 3 | 2 | 1 | |
| The discussion before the session was thorough and we created a plan for the session together. | 5 | 4 | 3 | 2 | 1 | |
| The level of pressure throughout the session was appropriate. The therapist checked in and adjusted the level of pressure as needed. | 5 | 4 | 3 | 2 | 1 | |
| The draping of the sheet throughout the session was secure and comfortable. | 5 | 4 | 3 | 2 | 1 | |
| The positioning of my body throughout the session was comfortable. | 5 | 4 | 3 | 2 | 1 | |
| I received the session and treatment I asked for. | 5 | 4 | 3 | 2 | 1 | |

Would you return to my practice for additional sessions? Yes No

Would you recommend my practice to others? Yes No

Please list three factors that influenced your yes or no decision.

Please provide a quote that describes your experience during our session that I may use for marketing my practice.

Name (optional):

