

CLIENT FEEDBACK FORM

CONFIDENTIAL

THIS FORM IS TO BE COMPLETE 24-48 HOURS AFTER A TREATMENT FOR ME TO KEEP ON YOUR FILE TO ENSURE YOU RECEIVE THE MAXIMUM BENEFITS FROM YOUR TIME WITH ME

NAME OF CLIENT

DATE OF TREATMENT

How did you find the session. Is there anything you particularly liked or disliked?

How did you sleep that evening?

Is there any area of your body or technique I used that you would like me to focus on in the future?

How did you find the environment – did it work for you could we change anything to help you relax more?

Did you notice any differences in your body/mind in the 24-36 hours after your treatment?

Would you recommend me to anyone?