

Client Feedback Form

Thank you for taking the time to provide feedback on your recent massage experience. I appreciate your honest feedback as I continue to improve my practice and work to create the best client experience possible.

5 = Excellent/Agree 4 = Good 3 = Average 2 = Fair 1 = Poor/Disagree

| | Please Circle Score | Comments |
|---|---------------------|----------|
| The appointment-making process was easy and convenient. | 5 4 3 2 1 | |
| The discussion before the session was thorough, and my therapist listened to my needs, answered my questions, and we created the treatment plan together. | 5 4 3 2 1 | |
| The atmosphere at the massage office and treatment room was professional, relaxing and clean. | 5 4 3 2 1 | |
| My massage therapist was professional, friendly and knowledgeable. | 5 4 3 2 1 | |
| I received the type of massage or bodywork that I requested. | 5 4 3 2 1 | |
| My massage therapist started and ended the session on time. | 5 4 3 2 1 | |
| The treatment that I received today was effective at meeting my treatment goals and exceeded my expectations. | 5 4 3 2 1 | |
| I felt comfortable throughout the entire session (e.g. correct pressure, good positioning, stayed warm, etc.) | 5 4 3 2 1 | |
| The draping was appropriate, secure and comfortable throughout the entire session. | 5 4 3 2 1 | |

On a scale from 0-10, how likely are you to recommend this massage business/therapist to a friend or colleague?

(Not likely at all) **0 1 2 3 4 5 6 7 8 9 10** *(Extremely Likely)*

If we earned a score of "8" or lower, what 1 thing could we do to bring our score up to a "9" or "10"? _____

*Thank
You*