

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*