



# Client Feedback Form

Date \_\_\_\_\_

Thank you for taking the time to provide feedback on your treatment. Your views are important because they will help us to improve the service we provide and ensure we are meeting your needs.

**Name of clinic/address and therapist**

1. What were you seeking treatment for today?

2. Please comment about the experience overall.

3. What were the best aspects of the treatment?

4. Did the treatment meet your needs? What would you change to make the session better?

	YES	NO
<b>PRE MESSAGE</b> - did your therapist:		
• start the appointment on time	<input type="checkbox"/>	<input type="checkbox"/>
• take a current medical history or review your progress since the last treatment	<input type="checkbox"/>	<input type="checkbox"/>
• discuss your needs and agree on the treatment priorities with you	<input type="checkbox"/>	<input type="checkbox"/>
• wash their hands before the massage	<input type="checkbox"/>	<input type="checkbox"/>

<b>MASSAGE</b> - did your therapist:		
• drape the areas of your body that were not being worked on with towels or sheets	<input type="checkbox"/>	<input type="checkbox"/>
• allow you to undress/dress in private	<input type="checkbox"/>	<input type="checkbox"/>
• respond appropriately to your feedback	<input type="checkbox"/>	<input type="checkbox"/>
• answer your questions	<input type="checkbox"/>	<input type="checkbox"/>
• ensure that the room was at a comfortable temperature throughout the session	<input type="checkbox"/>	<input type="checkbox"/>

<b>POST MESSAGE</b> - did your therapist:		
• conclude the appointment on time	<input type="checkbox"/>	<input type="checkbox"/>
• if appropriate, re-assess for the effectiveness of massage	<input type="checkbox"/>	<input type="checkbox"/>
• provide any after care advice or recommendations (for example, exercise prescription or possible reactions to treatment)	<input type="checkbox"/>	<input type="checkbox"/>

Would you return for another massage therapy treatment?	<input type="checkbox"/>	<input type="checkbox"/>
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Any other comments/suggestions you wish to make?