Client Evaluation

Therapists name…………………………………………………………………………………………

Clients Name……………………Date………………………Treatment No……

CLIENT EVALUATION - MASSAGE

It is an important part of your therapists training that they receive feedback from you, the client, so that his/her performance can be monitored and improved. Your time in completing this form and the comments obtained herein are therefore greatly appreciated.

Client Care
  A) Was the treatment explained to you beforehand? ..........
  B) Was the treatment room warm and welcoming? ..........
  C) Was your comfort and modesty ensured throughout? ..........
  D) Were you given aftercare advice? ..........

Speed, flow and rhythm of movements
  A) Were the movements used smooth and flowing? ..........
  B) Did your massage seem rushed or hurried? ..........
  C) Did the therapist check that the pressure suited you? ..........
  D) How would you describe the pressure used - firm, light etc.? ..........

Outcome
  A) How did you feel about the massage beforehand? ..........
  B) How did you feel during the massage? ..........
  C) How did you feel after the massage? ..........
  D) Did the massage experience meet, fail to meet or exceed your expectations? ..........

Please take a few moments to highlight 2 strengths and 2 weaknesses about the treatment you have experienced today? A strength being something you thought the therapist was particularly good at or that you enjoyed. A weakness being something you thought could be improved i.e. pressure, attention to detail, covering the whole muscle, confidence etc

2 Strengths?

2 Weaknesses?

Client signature………………………………………………………..Date……………………..