



Client Feedback Form

Please feel free to be as truthful and blunt as possible, this form serves to improve the quality and effect of each session. This form must be hand-written. Your feedback is required before each follow-up session to ensure the best care possible.

Client Name: _____

Date: _____

Overall Experience:

Pressure & Quality of Touch:

Additional Comments:

Consent for Public Sharing:

Please sign below if you consent to your feedback being shared publicly for promotional purposes. Your name will not be displayed.

Signature: _____ Date: _____

Thank you for taking the time to share your thoughts. Your feedback means the world to me and helps me give you the best care possible.