

**NSW School of Massage
Treatment Feedback Form**

This section to be completed by the student

Client Name: _____ Phone: _____

Email: _____

Student Name: _____ Treatment Date: _____

Massage Treatment Log #: _____

This section to be completed by the client (please tick ✓ boxes below)

Please rate your satisfaction	Highly Satisfied	Satisfied	Neutral	Unsatisfied	Highly Unsatisfied
Your overall satisfaction with the massage					
The student introduced themselves to you and addressed you appropriately					
The student listened to you and answered your questions clearly					
The student explained to you how the massage would proceed					
The student asked you questions and responded to your feedback during the massage					
The student applied the appropriate amount of pressure during your massage					
You were covered and draped appropriately during the massage					
The student performed the massage that you requested					
The perceived confidence of the student during your massage					

If you were highly satisfied with this massage experience overall, please indicate why you feel this way

If you were highly unsatisfied with this massage experience overall, please indicate why you feel this way

Client Signature: _____ Date: _____