



Client Feedback Form

Client Name: _____

Date: _____

Thank you for choosing Calm Waters Massage! Your feedback helps me improve your experience and meet your needs better. Please take a moment to share your thoughts below.

Please Check all that apply:

How satisfied are you with your experience?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

How would you rate your therapist's professionalism and communication?

Excellent Good Average Needs Improvement

Comments: _____

How satisfied were you with the massage techniques used?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

What areas of focus or techniques did you find most effective? _____

What could we do to make your experience even better? _____

Do you have any additional comments, concerns, or requests for future sessions? _____

Thank you for your feedback!