

Client Feedback Form



Therapist:

Dr Brittany

My goal is to provide clients with the best possible massage experience and I appreciate your willingness to take the time to give me honest feedback. Please rate each of the questions on a scale of 1-5 (where 1 is poor and 5 is excellent) and provide additional comments or suggestions in writing. Thank you.

| Score | Description |
|-------|--|
| 1 | The overall atmosphere, cleanliness, and quality of the facility was professional and relaxing. |
| 2 | My chiropractor was friendly, knowledgeable, and professional. |
| 3 | My chiropractor started and ended the session on time. |
| 4 | My chiropractor consulted with me about the treatment I wanted to receive and the areas of my body where I wanted work. We had an agreed plan for the session before the start of the session. |
| 5 | My chiropractor followed the session plan we agreed on and I received the treatment I asked for. |
| 6 | My chiropractor asked if I was experiencing any discomfort and adjusted the methods used appropriately. |
| 7 | The chiropractor was confident in my treatment plan and I feel confident in the work done. |
| 8 | My chiropractor went over all my issues and recommended a plan for future treatment. |
| 9 | My payment was processed in a timely manner and I was given the opportunity to book a future appointment at the end of the session. |
| 10 | My overall experience was excellent and I would come back. |

Other Comments:

