

Client Evaluation for Case studies

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.....