



## Feedback Form for Body Massage

Name \_\_\_\_\_

Date of previous treatment? \_\_\_\_\_

Are there any changes to your health/contra-indications than stated in initial intake form? Y N

Details \_\_\_\_\_  
\_\_\_\_\_

Feedback from previous treatment \_\_\_\_\_  
\_\_\_\_\_

Did you experience any contra-actions? Y N

Details \_\_\_\_\_  
\_\_\_\_\_

Is there anything you did not like or would like to exclude from future treatments? Y N

Comments \_\_\_\_\_  
\_\_\_\_\_

Is there anything you especially liked? Y N

Comments \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to add? Y N

\_\_\_\_\_  
\_\_\_\_\_

**I confirm that I have reviewed my initial consultation form and there are no other changes to my health/contra-indications than stated above.**

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Massage Therapist \_\_\_\_\_ Date \_\_\_\_\_