

**Thai Bodywork School of Thai Massage**  
**Client Feedback for Student Session**

**Therapist Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Name (Optional):** \_\_\_\_\_

*Please be candid and direct -- this will allow your therapist and Thai Bodywork to learn and improve our services to you.*

What is the issue you asked your therapist to work with?

Did you feel the issue was adequately addressed?

Please rate the pain level or other sensation you came in with on a scale of 1-10?

(Least) 1 2 3 4 5 6 7 8 9 10 (Most)

What is your pain or other sensation now?

(Least) 1 2 3 4 5 6 7 8 9 10 (Most)

Would you book another session with this therapist? Why or why not?

Additional Comments: