

Sarga Bodywork Practitioner Feedback Form (20 Form)

NAME: _____

EMAIL: _____

DATE OF SERVICE: ____/____/____

MAY WE USE YOUR FEEDBACK FOR MARKETING PURPOSES? YES NO



1. Did you feel the treatment was well balanced in pressure and execution? If this is not your first treatment, how was it different from your previous treatment(s).

2. Did you feel your practitioner moved around the table with ease and confidence? If this is not your first treatment, how was it different from your previous treatment(s).

3. Did you feel safe and secure with the technique and the draping? Overall, was there a smooth flow? If this is not your first treatment, how was it different from your previous treatment(s).

4. Did your practitioner check in with you enough about pressure and comfort during the session? If this is not your first treatment, how was it different from your previous treatment(s).

5. If this is your first treatment, how do you feel Sarga Bodywork is different than other forms of massage and bodywork?

6. If this is your first treatment, would you request this style of bodywork again?

Thank you so much for your feedback! Any additional comments may be written below or on the back.