



Follow-Up Questionnaire

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1. Follow-Up Questionnaire

First Name:

Last Name:

Phone Number:

E-mail:

It is so important that in the hours and days after your treatment you are staying hydrated. It is also advisable to eat healthy meals, get as best sleep as you can, and gently exercise or stretch - unless it is contradictory for your particular health and goals. As always, you and your primary care physician have the final say in what's best for your health. I am not a doctor!

How did you feel immediately after your treatment?

5 - amazing 4 - pretty good 3 - okay 2 - somewhat unsatisfied 1 - very unsatisfied

0 - in more pain than when I came in

Expand on how you felt right after your treatment:

Did anything feel particularly GOOD? Was there a technique or an area that you really enjoyed?

Did anything feel particularly BAD? Was there a technique or an area that you really DID NOT enjoy?

Is there anything you would have changed about the practitioner's treatment?

Did you feel comfortable in the room? Is there any way you could be more comfortable?

Any other comments you want the therapist to know or chart?

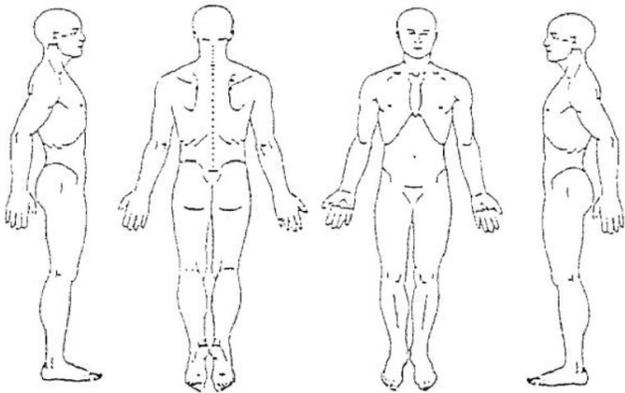
Please contact me if you have any questions or concerns regarding your treatment or after-care. Thank you so much for your patronage and I look forward to working with you again!

2. Indicate Your Changes Due to Treatment

0 - O around areas that improved due to treatment

1 - X over areas that feel worse due to treatment

2 - N over complaint areas that had no change



Additional Client Comments

Signature

Date