



# Client Review Form for AMT CEUs

(to be completed by the client)

Date \_\_\_\_\_

**Therapist**

(gives the treatment)

**Client name**

	YES	NO
<p><b>PRE MASSAGE</b> - did your therapist:</p> <ul style="list-style-type: none"> <li>• start the appointment on time</li> <li>• take a current medical history or review your progress since the last treatment</li> <li>• discuss your needs and agree on the treatment priorities with you</li> <li>• wash their hands before the massage</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>MASSAGE</b> - did your therapist:</p> <ul style="list-style-type: none"> <li>• drape the areas of your body that were not being worked on with towels or sheets</li> <li>• ask you for feedback about the pressure being applied</li> <li>• respond appropriately to your feedback</li> <li>• answer your questions</li> <li>• ensure that the room was at a comfortable temperature throughout the session</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>POST MASSAGE</b> - did your therapist:</p> <ul style="list-style-type: none"> <li>• conclude the appointment on time</li> <li>• provide you with appropriate feedback after the massage</li> <li>• if appropriate, re-assess for the effectiveness of massage</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>PROFESSIONAL ATTITUDE</b> - did your therapist:</p> <ul style="list-style-type: none"> <li>• dress in an appropriate and professional manner</li> <li>• allow you to undress/dress in private</li> <li>• have towels large enough for secure draping</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>List the best aspects of this treatment session</p>		
<p>Did the treatment meet your needs? What would you change to make the session better?</p>		

You will receive 5 CEUs per client review to a maximum of 20 CEUs per year. You cannot ask the same client to review you more than once in a year.