ESOTERIC PRACTITIONERS ASSOCIATION

CLIENT FEEDBACK FORM
CONFIDENTIAL

As a valued client, we welcome your feedback including your comments about your treatment and wellbeing since commencing your sessions at this clinic. Please also include any comments you care to make about the services we provide.

With your permission your comments may be used to support this clinic, including in publicity *(see below)*.

MODALITIES I HAVE RECEIVED AT THIS CLINIC: *Please tick all that are applicable*

- ☐ Esoteric Healing / Esoteric Body Work (incl massage)
- ☐ Esoteric Chakra-puncture
- ☐ Esoteric Connective Tissue Therapy
- ☐ Esoteric Yoga
- ☐ Other

☐ By signing below, I consent to my statement above being used publicly including on a website and/or flyers, as a support or evidence of the quality of service at this clinic.

If you consent to us using your statement, would you prefer your statement to appear:

☐ Anonymously ☐ With your initials and location only

Thank you for taking the time to give us your feedback.

Name:

Signed: Date:

CLINIC/PRACTITIONER TRADING NAME & ADDRESS:

Practitioner(s) from this clinic are accredited by the EPA. Accreditation is for 1 year.

Esoteric Practitioners Association Pty Ltd office.au@epa-international.com | P 02 6624 3706 | F 02 6624 3702
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V26.05.20