

Your Clinic/Spa Name or Logo

Dear Customer/ Client,

Your feedback is invaluable to us in order to consistently improve our standards and services.

We would be grateful if you could answer the questions below and add any comments or suggestions that could have improved your experience.

For each question please select the relevant rating.

Thank you for taking time to complete this feedback form to ensure we continue to improve our standards.

We value and appreciate your feedback!

1. How efficiently and professionally was your enquiry dealt with?	<input type="checkbox"/> Exceed Expectations	<input type="checkbox"/> Meet Expectations	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
2. How warm was the welcome you received when you arrived at the Spa/ Clinic?	<input type="checkbox"/> Exceed Expectations	<input type="checkbox"/> Meet Expectations	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
3. How satisfied were you with the overall cleanliness/ hygiene of the Spa/ Clinic?	<input type="checkbox"/> Exceed Expectations	<input type="checkbox"/> Meet Expectations	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
4. Did your therapist meet your expectations?	<input type="checkbox"/> Exceed Expectations	<input type="checkbox"/> Meet Expectations	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
5. Did your treatment meet your expectations?	<input type="checkbox"/> Exceed Expectations	<input type="checkbox"/> Meet Expectations	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

How could we improve our service to you?

Thank you,
Your Clinic/Spa Team