

Spa Facility Client Review Document

Client Name

Date of Visit

Staff/Therapist Name

Overall Experience

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Facility Cleanliness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Staff Professionalism

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Treatment Satisfaction

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Additional Comments

Please provide your feedback here

Client Signature

Date