angel heart REIKI THERAPY

HOLISTIC TREATMENTS FOR MIND, BODY, SPIRIT AND EMOTIONS

CUSTOMER FEEDBACK FORM

Thank you for choosing Angel Heart Reiki Therapy for your treatment today. To improve our service, we would be very grateful for your feedback.

1. On a scale of 1 to 10, how would you rate your pretreatment consultation?
(1 = Unsatisfactory 10 = Excellent)

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2. What changes could we make to improve the pretreatment consultation process for you?

3. On a scale of 1 to 10, how would you rate your Reiki treatment? *(1 = Unsatisfactory 10 = Excellent)*

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

4. What changes would have enhanced / improved your Reiki treatment experience?

5. Would you use an Angel Heart Reiki treatment again in the future?

☐ Yes	☐ No

6. If you answered, '*No*', we would appreciate knowing your reasons:

7. Would you recommend Angel Heart Reiki to others?

☐ Yes	☐ No

8. Please leave a brief review of your experience today:

9. Would you be happy for us to use your review as a testimonial on our website? *(Only your first name and County would be displayed, no other personal information will be included.)*

☐ Yes	☐ No

Thank you for your feedback, it is important to us.

We appreciate you taking the time to complete this form.