

Luxury Spa VIP Client Preferences Questionnaire

Personal Information

Full Name

Email Address

Phone Number

Preferred Contact Method

☐ Email

☐ Phone

☐ Text

Treatment Preferences

Preferred Treatments (select all that apply)

☐ Massage

☐ Facial

☐ Body Treatment

☐ Manicure

☐ Pedicure

☐ Other

Preferred Therapist Gender

☐ Female

☐ Male

☐ No Preference

Preferred Appointment Days

☐ Weekdays

☐ Weekends

Preferred Appointment Time

Allergies & Sensitivities

Product Preferences / Avoidances

Additional Requests or Notes

