

Spa Session Progress Tracking Sheet (Hotel)

Guest Name:

Room Number:

Date:

Therapist Name:

Session Details

Session	Type of Treatment	Duration	Start Time	End Time	Therapist Notes	Guest Feedback
1	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Additional Comments / Recommendations