

## Lakshmi Ayurveda Feedback Form

**Name:** *(optional)*

.....

**Which services did you receive at Lakshmi Ayurveda?** *(please circle all that apply)*

- Consultation
- Panchakarma
- Abhyanga
- Shirodhara
- Patra Pinda Sveda
- Pinda Sveda
- Basti Treatment
- Ayurvedic Facial

**Other:**

.....

**Did the services meet your expectations?**

Yes

No

**Service/treatment comments and suggestions:**

.....

.....

**How would you rate the atmosphere?** *(please circle all that apply)*

- Peaceful
- Clean
- Welcoming
- Calming music
- I did not enjoy the atmosphere

**Atmosphere comments and suggestions:**

.....

**Which Ayurvedic products, including herbs, do you use?**

.....

.....

**Are you satisfied with the quality of the products?** Yes No

**Product comments and suggestions:**

.....

**How did you hear about Lakshmi Ayurveda?**

.....

**How could we improve our services to better fit your needs?**

.....

.....

**Would you like to provide a testimony for our website and social media? If so, please write your testimony in the space below, or email it to us at**

**[info@lakshmiayurveda.com.au](mailto:info@lakshmiayurveda.com.au)**



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