

## CLIENT SATISFACTION FORM

It is important for us to receive feedback so we can continue to provide effective and caring treatment to our clients. Please take a moment to complete this form. Your answers will kept confidential and anonymous.

Therapist Name: \_\_\_\_\_

Date: \_\_\_\_\_

**How satisfied were you with the level of comfort in the office or meeting setting?**

Very Satisfied      Satisfied      Average      Dissatisfied      Very Dissatisfied

**How satisfied were you with the interaction and care you received during phone calls, emails, and appointment scheduling?**

Very Satisfied      Satisfied      Average      Dissatisfied      Very Dissatisfied

**How satisfied were you with the respect and unbiased care you received from the staff?**

Very Satisfied      Satisfied      Average      Dissatisfied      Very Dissatisfied

**How satisfied were you with the therapist's ability to assist you with your particular needs?**

Very Satisfied      Satisfied      Average      Dissatisfied      Very Dissatisfied

**How satisfied were you with the therapist's level of support and focus on you as an individual?**

Very Satisfied      Satisfied      Average      Dissatisfied      Very Dissatisfied

**How satisfied were you with the therapist's ability to be open, warm, and nonjudgmental?**

Very Satisfied      Satisfied      Average      Dissatisfied      Very Dissatisfied

**Would you recommend your therapist to a friend?**      Yes      No

**The following changes would have made therapy a better experience for me:**

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Thank you for contributing to improvement of our services.