



Client Feedback

Date _____

Your feedback is important to us as it allows us to provide the best quality care and service for you the client. Please take a moment to fill in the following survey. After reading each comment below, please indicate your answer by selecting the response that best describes your experience.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My therapist was warm, friendly and accepting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt that my therapist had the skills to help me achieve my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The admin staff was efficient and helpful in processing payments and scheduling appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I found the admin staff warm and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you disagreed please elaborate:

	No Progress	Some Progress	Considerable Progress	Significant Progress
5. Overall, I feel that I have been making:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate which aspects of your experience were most helpful.

7. Were there any aspects of your experience that did not meet your expectations?

Name: (Optional) _____ Psychologist: _____

If you have any concerns and would like a follow up phone call from either Debbie (Directors) please provide a preferred contact number:

Thank you for taking the time to offer your feedback

Please return to: Redlands Psychologists, PO Box 742, Cleveland QLD 4163 or by fax to 07-32861548