

Practice:

Practitioner:

Date:

Client:

Please let us know how the session went for you. Be honest. We greatly value your feedback.
Please tick the appropriate box

OFFICE USE ONLY

1. Did you feel heard and understood in the session?

It's important to feel that there was respect for your perspective.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very much

2. Did you feel the session focused on the issues that matter to you?

It's important to feel you are working on the topics that are the most important to you.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Very much

3. How helpful did you find the session?

It's important to feel some benefit from the session.

Not at all helpful 0 1 2 3 4 5 6 7 8 9 10 Very helpful

4. Overall, how happy do you feel with the service you are receiving?

Taking everything above into account, please give an overall rating.

Not at all happy 0 1 2 3 4 5 6 7 8 9 10 Very happy

5. Is there anything else you wish to add?

You may add any additional comment here if you wish.

Instructions to Therapist

Ensure the client understands that their honest opinion is welcome

TOTAL SCORE