

Feedback Form

** indicates a required field*

As a therapist, it is important to me to provide quality services. Part of this process involves feedback to gain more of an understanding of what works well for clients and areas I could improve upon. I appreciate your honesty! And please note, if you are a current client, any of these questions can be explored in more depth in session. Thank you for taking the time to complete this form.

Additionally, if you would prefer to submit this form anonymously, please print out the form and mail or fax it to me.

*** What did you/ have you found to be most helpful about counseling/therapy?**

*** What did you find least helpful about counseling/therapy?**

*** I am satisfied with the accomplishments I made in counseling.**

*** If you could change anything about your previous therapy sessions what would it be?**

*** If needed in the future, would you return to Head & Heart Therapy?**

*** If no, why not?**

*** Would you recommend Head & Heart Therapy to a close friend experiencing difficulties?**

*** Please rate your experience working with your therapist.**

- 1 Very dissatisfied
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely satisfied

Do you have any additional comments?