

WELLNESS INSTITUTE THERAPY FEEDBACK FORM

At the Wellness Institute of Michigan we want to ensure that you have received the highest level of satisfaction for your counseling needs. Thank you very much for taking the time to provide your input on how we are doing. We use this information for practice improvement.

Your Name: (Optional) _____ Today's Date: _____

Therapist Name: _____

QUESTIONS:

(Please answer each with an E, S, or U)

E=Excellent S=Satisfactory U=Unsatisfactory

1. Were your phone calls handled promptly? _____
2. Were your phone calls handled politely? _____
3. Were you greeted in a friendly way upon your arrival to the office? _____
4. Did you understand the new patient paperwork? _____
5. Were your appointments scheduled for your convenience? _____
6. Did your therapist see you on time? _____
7. Did our therapist review your treatment plan and goals with you? _____
8. Did you feel your counseling service met your expectations? _____
9. Did you trust your therapist with your private information? _____
10. Overall, was your therapy experience helpful to you? _____

Please make other comments here that may help us to improve our services:

Would you recommend the Wellness Institute of Michigan to your friends and family if they needed counseling services? Yes _____ No _____ If not, please explain:

Thank you for your time in filling out this form. We appreciate your support and interest in our services. When complete, please email to info@counselingandwellness.com, or fax to 517-347-4644, or mail it to 2149 Jolly Road, Suite 500, Okemos, MI 48864.