

Lakeside Wellness Therapy Affiliates Client Satisfaction Survey

Client Satisfaction Survey

Write a description of your survey here. Select any question below to change it. Then add questions as needed.

* 1. What type of service did you receive?

- Individual Care
- Couple's Care
- Child & Family Care
- Team/Group Care

* 2. Are you satisfied or dissatisfied with the service you receive from your health insurance provider?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

* 3. Were your goals for treatment met?

- Yes
- No

* 4. Have you gained sustainable skills or strategies gained in sessions that you plan to use in maintaining your health and wellness in future?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

* 5. What aspects of care were most important in your journey of healing?

* 6. Would you return to Lakeside Wellness Therapy Affiliates in future should you require counselling or wellness supports?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

7. Feel free to share any additional feedback in the text boxes provided below as this information will be shared with your service provider.

Was your therapist available to you between sessions and how important was this to you?

Did you trust your care provider's level of training and experience and how important was this to you?

What feedback, if any would you like to share with your provider that you believe will help in the healing journeys of future clients?

8. This is optional, so please complete only if you wish to be associated with your responses. Thanks for taking the time to complete this survey. Do. Think. Feel Well.

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

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