



CLIENT-PATIENT CONSULTATION SURVEY

We would be most grateful if you or your carer could take a few minutes to complete this form to enable us to constantly monitor & improve our services.

Name _____

Address & Contact No _____

Email address _____

How did you hear about the Trust? _____

Please rate the following questions by entering a number between 1-10 – 1 being strongly disagree and 10 strongly agree

1. Do you think The Trust compliments current services? _____
2. Is therapy helping you achieve your goals/targets? _____
3. Is your life improving as a consequence of Therapy? _____
4. Is your therapist helping you deal with your emotions ? _____
5. Do you believe that your therapy is making you feel better about yourself? _____
6. Have your friends/family noticed any change? _____
7. Any other comments regarding your treatments and the service provided? _____

Would you permit your comments to be put forward onto our website or on social media (your name will not be given, just initials) -----

How would you rate the overall service you have received from The Harmony Therapy Trust (1 being poor, 5 being excellent) _____

The Trust relies on donations to carry on with this vital work. We are not funded by the NHS, Government nor funded by other Charities.

Please return to our Administration Office, The Harty Room, The Healthy Living Centre, Royal Road, Sheerness, ME12 1HH

I thank you for completing this survey