



PATIENT FEEDBACK FORM

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 and improve the service we provide.

Name:	
Address & Contact No:	

How did you hear about the Trust?	
Did your therapist make prompt initial contact with you after you received written confirmation treatment could begin?	
Was the time and day of appointment suitable for you?	
Was the venue suitable?	
Did your therapist turn up on time?	
Did you benefit from your chosen therapy?	
Were you able to communicate freely and confidentially with your therapist?	
Was the need for a full consultation explained to you?	
Would you permit your comments to be put forward onto our website or on social media (your name will not be given just initials.)	
<p>The Trust relies on donations to carry on with this vital work. We receive no funding from the NHS. If you wish to make a donation please go to our justgiving page The Harmony Therapy Trust.</p> <p>Please return to our Admin Office, The Harty Room, The Healthy Living Centre, Off Royal Road, Sheerness, ME12 1HH</p> <p>If you would like to receive our monthly newsletter please let us have your email address.</p>	
<p>HOW WOULD YOU RATE THE OVERALL SERVICE YOU RECEIVED FROM THE HARMONY THERAPY TRUST (1 star being poor, 5 stars being excellent)</p>	