


Client Feedback Form

Instructions




For each drawing/sentence, circle the answer that best describes your opinion of the service you just completed. Thank you for your time!

The provider initials the paper before handing it over: _____


1






Did your provider listen to you and answer your questions clearly and respectfully?

 True  Not quite  False


2






Did your provider listen without interrupting you and involve you in decision-making?

 True  Not quite  False


3






Did your provider show patience and explain all the information your need?

 True  Not quite  False

4



Did your provider show kindness without judging you?

 True  Not quite  False

