





Client Feedback

RHealth is committed to providing a quality service for all our clients. To help us improve our services and assess whether we have met your expectations please complete our feedback form and return it to reception. Please be assured that all answers you provide will be kept **strictly confidential**. This survey should only take 2-3 minutes to complete.

Clinician/Therapist Name: Service Provided:	What is your gender: please circle Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>  
If English is not your first language, please specify what is your first language:	What is your year of birth:
Do you identify as one of the following, please circle: No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>  	What is your employment status: tick one <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Part time/casual work <input type="checkbox"/> Retired <input type="checkbox"/> Fulltime work <input type="checkbox"/> Other:
What would you have done if this service was not available: tick all that apply <input type="checkbox"/> Sought help from a doctor or other professional <input type="checkbox"/> Not seen anyone <input type="checkbox"/> Sought help from the hospital <input type="checkbox"/> Other:	Where did you hear about this service? <input type="checkbox"/> GP <input type="checkbox"/> Online <input type="checkbox"/> Friend <input type="checkbox"/> Other:

Overall Feedback	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	Not Applicable
1. My clinician/therapist listened carefully to me during sessions.						
2. I feel respected by my clinician/therapist.						
3. My specific cultural/religious needs were respected.						
4. I feel my privacy is protected.						
5. The time between seeing my doctor and my first appointment was acceptable.						
6. I feel satisfied with the communication between my doctor and my clinician/therapist.						
7. I feel I have received/learnt strategies which will be helpful in the future						
8. I feel there has been an improvement in my health and well-being in general.						
9. My contribution in regard to my care was valued and respected						

We are also interested to hear general feedback. What would you like to say about this service?

If you wish to be contacted regarding the feedback you have provided above, please write your name and contact details below.

Name: _____ Email Address: _____
Phone: _____ Mobile: _____

Thank you for taking the time to complete this survey 😊