**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 Female Other |
| **If English is not your first language, please specify what is your first language**: | **What is your year of birth**:   |
| **Torres Strait Islander FlagDo you Identify as one of the following**, please circle:Aboriginal Flag Prefer not  No to say | **What is your employment status:** tick one Student Unemployed Part time/casual work Retired Fulltime work Other: |
| **What would you have done if this service was not available:** tick all that apply Sought help from a doctor or other professional Not seen anyone Sought help from the hospital Other: | **Where did you hear about this service?** GP Online Friend Other: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Overall Feedback** | **Strongly Disagree** | **Disagree** | **Uncertain** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. My clinician/therapist listened carefully to me during sessions.
 |  |  |  |  |  |  |
| 1. I feel respected by my clinician/therapist.
 |  |  |  |  |  |  |
| 1. My specific cultural/religious needs were respected.
 |  |  |  |  |  |  |
| 1. I feel my privacy is protected.
 |  |  |  |  |  |  |
| 1. The time between seeing my doctor and my first appointment was acceptable.
 |  |  |  |  |  |  |
| 1. I feel satisfied with the communication between my doctor and my clinician/therapist.
 |  |  |  |  |  |  |
| 1. I feel I have received/learnt strategies which will be helpful in the future
 |  |  |  |  |  |  |
| 1. I feel there has been an improvement in my health and well-being in general.
 |  |  |  |  |  |  |
| 1. My contribution in regard to my care was valued and respected
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**We are also interested to hear general feedback. What would you like to say about this service?**

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**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*** ☺