

## Client Feedback Form

1. Please provide feedback on the *Heswall Hills Counselling Centre website* in terms of its ease of use and how informative you found it. [www.heswallhillscounsellingcentre.co.uk](http://www.heswallhillscounsellingcentre.co.uk)

Negative

Positive

1.....2.....3.....4.....5.....6.....7

2. Please provide feedback on the *referral process* in terms of the speed of response and the appropriateness of the referral to the therapist.

Negative

Positive

1.....2.....3.....4.....5.....6.....7

3. Please provide feedback on the *Heswall Hills Counselling Centre* in terms of parking, accessibility, comfort, facilities and cleanliness.

Negative

Positive

1.....2.....3.....4.....5.....6.....7

4. Please provide feedback on the *counselling* that you received at the centre in terms of its effectiveness and how well matched you were to your therapist

Negative

Positive

1.....2.....3.....4.....5.....6.....7

**Your name** ..... (optional)

**Therapists name** ..... (optional)

Many thanks.

Please leave completed feedback forms in a sealed envelope on the table in the kitchen/waiting area.

Or email to [mail@heswallhillscounselling.co.uk](mailto:mail@heswallhillscounselling.co.uk)

Would you be happy for any of your comments to appear (anonymously) on the website **Yes/No**