

Gender: Female Male I/S Age:

1. Why did you seek therapy?
2. How many appointments did you have with the therapist?

Health Care Charter & Agreement Form:

3. Did you discuss the Form at your first therapy session? Yes No
4. Did you understand the Form? Yes No
5. Did you sign the form? Yes No

Strongly Disagree	Disagree	Neither Disagree/Agree	Agree	Strongly Agree
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6. The assessment and therapy process were easy to understand

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. The time-lapse between seeing my doctor and commencing therapy was acceptable to me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. I felt satisfied with the communication between my doctor and my therapist

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. The therapy services I received have improved my mental health (wellbeing) in general

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. The therapy services I received have helped me resolve the issues that were troubling me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. The therapy services I received have provided me with helpful strategies for the future

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. What other services did you contact in relation to your issue/s?

13. Please identify two strengths of our service:

14. Please identify two areas where we could improve:

18: Any further comments?

If you wish to receive feedback on any parts above, please write your name & address on the back of this form.