jessica baines
PSYCHOTHERAPY

CLIENT FEEDBACK FORM

Thank you for taking the time to share your thoughts.
Your feedback helps me improve and ensures the best possible service for you and others.

1. ABOUT YOUR SESSIONS

How would you rate your overall experience? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How comfortable did you feel during sessions? ☐ Very comfortable ☐ Comfortable ☐ Neutral ☐ Uncomfortable

Were the goals of therapy clear to you? ☐ Yes ☐ Somewhat ☐ No

Did you feel listened to and understood? ☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely

2. SERVICE QUALITY

How would you rate:

- Professionalism: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- Communication: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- Confidentiality: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Was the location/online setup convenient and comfortable? ☐ Yes ☐ No (please explain below)

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3. OUTCOMES

Did you notice positive changes as a result of therapy? ☐ Yes ☐ Somewhat ☐ No

If yes, please share what changes you experienced:

4. OVERALL EXPERIENCE

What did you find most helpful about the service?

What could be improved?

Would you recommend this service to others? ☐ Yes ☐ No

5. ADDITIONAL FEEDBACK

Please share any other comments or suggestions:

6. MARKETING PERMISSION

I am happy for this feedback to be used anonymously for future marketing materials: ☐ Yes ☐ No

7. REVIEW INVITATION

If you feel comfortable, I'd greatly appreciate it if you could leave a public review on my Facebook page: **CLICK HERE**
Also on Google Business as this help my page climb higher in the search engine. **CLICK HERE**