

Palo Alto Therapy

Psychotherapy & Personal Counseling

A Direct Approach For Your Peace Of Mind

SATISFACTION SURVEY

This form was designed to help improve our counseling services and to assist us in better understanding the needs of our clients. This form may also be useful to you in reviewing the treatment process and your achievements in counseling. Please be as honest and thoughtful as possible with your answers. Constructive criticism is encouraged and appreciated. Thank you for taking the time to share your feedback.

1. Do you remember any moments/events in counseling that continue to be useful to you? If so, please list and describe some of them.

2. Please list two or more things that you found helpful or liked during your counseling experience.

1. _____

2. _____

3. Please list two or more things that you found unhelpful or disliked during your counseling experience.

1. _____

2. _____

4. Did the counseling you receive meet your expectations, please circle one:

Far Above Expectations Above Expectations Same as Expected Below Expectations Far Below Expectations

Comments: _____

5. Would you refer someone to my counseling practice? Yes No

Why? or Why Not? _____

6. Additional comments and/or suggestions for your therapist/counselor

Referrals are the highest compliment you can give!