

# CLIENT RESPONSE FORM

In an effort to better serve our clients and offer the most effective care possible, we would greatly appreciate it if you could take a few moments to give us some feedback on our services. Your frank and honest thoughts are encouraged. Thank you.

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Name of therapist: \_\_\_\_\_

Comments on service: \_\_\_\_\_

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Suggestions: \_\_\_\_\_

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Would you feel comfortable if we utilized your comments in promotional material? \_\_\_\_\_