

Client Feedback Form

Customer service is really important to us, which is why we value your honest feedback.

1. How would you rate our skills and knowledge when explaining the product to you, or answering any of your questions?

- Excellent
 Poor
 Very Good
 Very Poor
 Average

2. How well do you feel the clinician understood and met your individual needs?

- Extremely Well
 Poorly
 Very Well
 Very Poorly
 Average

3. Overall, how happy were you with your experience with us?

- Extremely Happy
 Not Very Happy
 Very Happy
 Extremely Unhappy
 Satisfied

4. How would you rate the speed and efficiency of the overall process, from assessment to completion of your product?

- Excellent
 Poor
 Very Good
 Very Poor
 Average

5. On a scale of 1-10, with 10 meaning very likely and 1 meaning very unlikely, how likely would you be to recommend us to a friend or colleague?

1 2 3 4 5 6 7 8 9 10

Please let us know any further comments on your experience with us:

Contact Details

Client name: _____ Your name: _____ Relationship to client: _____

Contact number: _____ Email address: _____

Address: _____

Would you be happy for Consolor to use information from this form along with your first name on our website or for promotional use? Yes / No

Would you be happy for us to contact you in the future to find out more about how you are getting on with your product? Yes / No

Signed: _____

Date: _____

For office use only:

P WcS

Product/service:

Clinician:

H/O Date:

F/U Date: