OCCUPATIONAL
THERAPY SERVICES GROUP

CLIENT FEEDBACK FORM

Thank you very much for your time and effort you have given to provide your personal feedback on our company. Here at Occupational Therapy Services Group we are constantly striving to provide an excellent level of service to all of our service users in each area of our services. Your feedback is greatly appreciated and will assist us to continue to improve and provide a high quality service. Please fill in the below details from your experience at Occupational Therapy Services Group:

What service were provided (please include the therapist name and dates of service if possible)?

_____

_____

_____

Please select which is most appropriate for the service you received:

	Very Poor	Poor	Average	Good	Excellent
How was your initial contact with Occupational Therapy Services Group?					
How did you feel you were treated by our administration staff?					
How was your first experience at our office?					
How did you feel you were treated by your Occupational Therapist?					
How did you feel about the service that was provided to you?					

Would you use to this service in the future? **Yes** ☐ **No** ☐

Would you recommend this service to a friend/relative? **Yes** ☐ **No** ☐

On a scale of 1 to 10 how satisfied you were with the overall service you received from Occupational Therapy Services Group?

1 2 3 4 5 6 7 8 9 10

Terrible **Average** **Excellent**

Do you wish to be contacted by Occupational Therapy Services in relation to your service experience? If so by:

☐ **Email** _____ ☐ **Phone** _____ ☐ **No contact**

Additional Comments:

_____

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FORM VERSION AND REVISION INFORMATION
Form Authorized by: Christopher Pearce
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