








CLIENT FEEDBACK FORM

A thank you for your time and interest in completing this feedback form on our services. Your feedback is greatly appreciated and we hope that this information will assist Occupational Therapy Services Group in continually improving the service that we provide. All information provided will remain confidential and only be evaluated and interpreted by our management team. Please feel free to call us if you would like to discuss this further.

What service(s) were provided to you? (Please include the therapist's name & dates of service if possible)

Please select which is most appropriate for the service you received:	Extremely Dissatisfied 	Dissatisfied 	Neutral 	Satisfied 	Extremely Satisfied 
How was your initial contact with Occupational Therapy Services Group?					
How did you feel you were treated by our administrative staff?					
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 OTSG?									
1	2	3	4	5	6	7	8	9	10
Extremely Dissatisfied					Extremely Satisfied				

Do you wish to be contacted by Occupational Therapy Services Group in relation to your service experience? If yes, please leave details below;

Email: _____ **Phone:** _____

Additional Comments: _____

Please return your completed feedback form to Occupational Therapy Services Group via the below methods or contact us on (08) 9332 1783 for more information;

E: info@otservicesgroup.com **F:** (08) 9332 6548 **P:** 2 Gracechurch Crescent, Leeming WA 6149