

Mindful Solutions

Consultant Psychologists Ground Floor 10 Railway Pde Burwood PO Box 254 Enmore NSW 2042
P (02) 9590 3694 F (02) 9590 3691 E info@mindfulsolutions.com.au W www.mindfulsolutions.com.au

TREATMENT FEEDBACK FORM

1. How would rate the treatment overall? (please circle)

1 2 3 4 5 6 7 8 9 10
Poor OK Excellent

2. Did you feel that the treatment addressed what you wanted to work on and talk about? (please circle)

1 2 3 4 5 6 7 8 9 10
Not at all Occasionally Completely

3. Did you feel heard, understood and respected?

1 2 3 4 5 6 7 8 9 10
Not at all Occasionally Completely

4. Did you feel that the therapist's approach and methods were a good fit for you?

1 2 3 4 5 6 7 8 9 10
Not at all Occasionally Completely

5. Would you recommend the therapist to a friend/colleague?

Yes No Not sure

6. What was the most useful things you learnt?

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7. What was the least useful (could improve it or wasn't necessary)?

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Comments

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Thank you for completing this form.

Psychologists:

Therese Hatfield P (02) 9590 3694 M 0414 727 513 Reg No. PS0059021
T.J. Hatfield Consultancy Pty Ltd ABN 16 093 040 487 Trading as **Mindful Solutions**

Angela Vrankic P (02) 9763 7710 M 0410 637 704 Reg No. PS0057723
One Source Technology Pty Ltd ABN 86 082 424 995 Trading as **Mindful Solutions**



APS Psychologists