



Client Feedback Form

Form
205a

Thank you for agreeing to complete “In Good Hands Occupational Therapy Pty Ltd ’s feedback questionnaire about your visit to our practice today.

The questionnaire is designed to gather feedback from clients on their experience with our practice. This feedback will help us better understand what our clients want.

The questionnaire is voluntary, confidential, and anonymous.

Your answers cannot be linked to you in any way.

Your care will not be affected in any way by completing the questionnaire.

To complete the questionnaire, please put a cross in each box that fits your answer. We would like you to answer every question.

- If the question does not apply to you, there is a ‘Not Applicable’ (N/A) option.
- If you do not know the answer, you can use the ‘Don’t Know’ option.

Your opinion is important to us. There are no right or wrong answers; we simply want you to rate your experience of the practice. The information will assist the Clinicians to help improve Client care.

If you have any questions about the questionnaire, please ask the receptionist. When you have finished the questionnaire, place it in the ballot box at reception. Please DO NOT take the questionnaire home. Remember, the answers are confidential, and you will not be identified in any way.

All scanned or soft copies to be sent to admin@ingoodhandsot.com.au

Therapist Name : _____ **Date of service:** _____

What Services were Provided to you ? Assessment / Intervention / Other _____

Q1. Your experience with Clinician’s at your last visit or Clinicians Visit @ your place. (Please rate each statement)							
Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don’t know
Were welcoming upon your arrival							
Were professional in dealing with you							
Considered your needs when making an appointment							
Was on time for your appointment and let you know about any delays while you were waiting							
Were courteous and polite							
Well prepared and organised with care plan and related Therapy aids.							
Briefed you on what intervention is given or what assessment is made on the day of service.							



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Q2. Your experience of the interpersonal skills of the Clinician's at your last visit or Clinicians Visit @ your place. (Please rate each statement)

Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't know
Understood your personal circumstances							
Had enough time to talk about the things that were important for you							
Made you feel comfortable by connecting culturally & socially.							
Told you all you wanted to know about your condition							
Let you talk about alternative therapies you were using							
Asked clear Clinical Questions							
Communicate accurately in a language that clients/carer understand							
Engage in an ongoing dialogue with Client/Carers identification of common goals and related care plans							
Involve client and carer in decision making							

Q3. Your experience of the information given to you by the Clinician's at your last visit or Clinicians Visit @ your place. (Please rate each statement)

Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't know
The amount of useful information given about your condition							
The amount of useful information given about your treatment							
Gave you useful written/Graphical information							
Told you all you wanted to know about your condition ,goals and care plans							
Let you talk about alternative therapies you were using							

Q4. Your experience of privacy at you last visit or Clinicians Visit @ your place. (Please rate each statement)

Statements	Poor	Fair	Good	Very Good	Excellent	N/A	Don't know
The way in which information was given to other clinicians (email, phone, verbal etc)							
Asked your permission before sharing the information with a member outside of organisation.							

Do you have any comments you would like to make about your experiences?