BellVue Health PLLC

984-250-6460 | admin@bellvuehealth.com

CLIENT & REFERRAL FORMS

Client Feedback & Satisfaction Survey

Your feedback helps us improve. Participation is voluntary and will not affect your services. You may leave your name blank. Do not include other clients' names or detailed medical information.

Service / program (optional)

Date

Rate your experience

Choose: 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree; N/A = Not applicable.

Staff treat me with respect.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

I have a voice in my goals and services.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Staff explain things in a way I understand.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

I can reach staff or get needed information.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Services help me work toward my goals.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

Overall, I am satisfied with my services.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A

What is working well?

What could we improve?

Name and safe contact information (optional; only if you want follow-up)

For a concern requiring a response, use the Grievance or Complaint Form or call BellVue.