**INTAKE PROCESS SATISFACTION SURVEY**

I value your opinion about my service. This survey evaluates your opinion about my initial services with you. Please take a moment to complete and then return this survey.

How did you find me?

How did you set your appointment?

Did I respond to you within 24 hours?

How easy was it to make an appointment?

Was your appointment wait time acceptable?

 Please add your comments and/or feedback:

How convenient is the location of my office?

Have I handled your situation professionally?

 Please add your comments and/or feedback:

If you used my website, how helpful was it?

 Please add your comments and/or feedback:

If you set your appointment on the ***phone***, were you confident in the process?

If you set your appointment using ***email***, were you confident in the process?

How hopeful are you that therapy will be successful?

**Please add any additional comments, suggestions, and/or feedback:**

Thank you for taking the time to complete this satisfaction Survey.