



# Lake Orion

## COUNSELING CENTER

### Client Satisfaction Survey

**Thinking about the practitioner whom you saw on your most recent visit.  
How would you rate:**

1. How prepared this practitioner was for your visit.....  
Excellent \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Below Average \_\_\_\_ Poor \_\_\_\_
2. Attention this practitioner paid to what you had to say.....  
Excellent \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Below Average \_\_\_\_ Poor \_\_\_\_
3. How well this practitioner understood your concerns.....  
Excellent \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Below Average \_\_\_\_ Poor \_\_\_\_
4. Thoroughness and competence of this practitioner.....  
Excellent \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Below Average \_\_\_\_ Poor \_\_\_\_
5. Length of time between visits with this practitioner.....  
Excellent \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Below Average \_\_\_\_ Poor \_\_\_\_

**Continuing to think about your most recent visit with this practitioner,  
please rate your agreement with the following statements:**

6. This practitioner focused on achieving the goals of my counseling or treatment.....  
Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_
7. This practitioner gave me as much information as I wanted about what I could do to manage my condition.....  
Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_
8. This practitioner and other behavioral health practitioners, if any, worked as a team in coordinating my care.....  
Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_

9. This practitioner and my primary medical doctor, if involved, worked as a team in coordinating my care.....

Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_

**In regards to the counseling center as a whole, please rate your agreement with the following statements:**

10. I was able to get an appointment in a short amount of time.

Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_

NA\_\_

11. Based on my experiences at the Lake Orion Counseling Center, I would refer a friend or family member.

Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_

12. The website was useful and easy to navigate.

Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_

13. The facility was comfortable and clean.

Strongly Agree \_\_\_\_ Agree \_\_\_\_ Strongly Disagree \_\_\_\_ Disagree \_\_\_\_ NA\_\_

14. All things considered, how satisfied are you with your experience at the Lake Orion Counseling Center?

Very Satisfied \_\_\_\_ Satisfied \_\_\_\_ Dissatisfied \_\_\_\_ Very Dissatisfied \_\_\_\_

In this final area please add any comments not addressed in the survey that you think would be helpful. Feel free to use the back as well. Feel free to include the name of your therapist.

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Thank you for taking the time to complete our survey.