

NORTH CHERRY CREEK  
COUNSELING CENTER  
Client Follow-up Questionnaire

Counseling is a very personal complex, and individual experience. As a result, it is often difficult to objectively evaluate or measure. As an agency, and as individual therapists, our commitment is to the very highest standards of professional excellence, competency, and effectiveness. In an attempt to insure such service each and every time, your evaluation of your counseling experience with us is desired and requested. Although each counseling experience is unique, we believe common elements of professionalism and competency are to be expected.

Please take a few moments to reflect for us on your counseling experience and its impact on your life and personal growth. Your comments allow us to review our policies, practices, and professional services in order to continually strengthen our effectiveness in mental health. All comments are kept confidential within our agency. Thank you.

Name \_\_\_\_\_ Date \_\_\_\_\_

1. How were you referred to NCCCC?  
\_\_\_\_\_  
\_\_\_\_\_

2. Upon contacting your therapist were you called back in a reasonable amount of time?      Yes   No  
Comment \_\_\_\_\_

3. Upon contacting your therapist were you seen in a reasonable amount of time?  
Yes   No  
Comment \_\_\_\_\_

4. Please rate NCCCC's office:

Convenience?	Excellent	Good	Average	Poor
Easy to locate?	Excellent	Good	Average	Poor
Reception area comfortable?	Excellent	Good	Average	Poor
Counseling office privacy?	Excellent	Good	Average	Poor
Counseling office comfortable?	Excellent	Good	Average	Poor

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please rate your experience with your therapist: Therapist name \_\_\_\_\_

Professionalism	Excellent	Good	Average	Poor
Helpfulness	Excellent	Good	Average	Poor
Scheduling Convenience	Excellent	Good	Average	Poor
Appointment Consistency	Excellent	Good	Average	Poor
Therapy/Counsel	Excellent	Good	Average	Poor
Therapy Goals Identified	Excellent	Good	Average	Poor
Use of therapy time	Excellent	Good	Average	Poor
Overall therapy Experience	Excellent	Good	Average	Poor

6. Would you seek care from NCCCC in the future? Yes No

7. Would you refer a family member? Yes No

8. Please note any additional comments you wish to make about any aspect of your counseling at NCCCC:

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Thank you. Please feel free to call our office if you have any questions.

NCCCC

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