## Highline Counseling Group 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 ensure 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.

lame					Date		
1.	How were you referred to HCG?						
2.	Upon contacti time? Yes No C	• .	pist, we	re you calle	d back in a reasonabl	e amount of	
3.	Upon contacting your therapist, were you seen in a reasonable amount of time? Yes No						
	Comment					_	
4.	Please rate HC	G's office:					
	Convenience?			Excellent	<b>Good Average</b>	Poor	
E	asy to locate?	Excellent	Good	d Average Po	oor Reception area con	nfortable?	
	Excellent Good Average Poor						
	Counseling offi	ce privacy?		Excellent	<b>Good Average</b>	Poor	
	Counseling offi	ce comfortabl	e? Excel	lent Good A	verage Poor Comment	s:	

Please rate your experience with	n your therapist: 1	Therapist name	
Professionalism	Excellent	Good Average	
Helpfulness	Excellent	Good Average	
Scheduling Convenience	Excellent	Good Average	
Appointment Consistency	Excellent	Good Average	
Therapy/Counsel	Excellent	Good Average	
Therapy Goals Identified	Excellent	Good Average	
Use of therapy time	Excellent	Good Average	
Overall therapy Experience	Excellent	Good Average	
Troute you seek care nom nee	in the fatale:	Yes No	
Would you refer a family membe Please note any additional com	er? Yes No		ect of
Would you seek care from HCG i Would you refer a family membe Please note any additional com counseling at HCG:	er? Yes No		ect of
Would you refer a family membe Please note any additional com	er? Yes No		ect of
Would you refer a family membe Please note any additional com	er? Yes No		ect of

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

Highline Counseling Group 1400 S. Colorado Blvd #460 Denver, CO 80222 303-321-1113