



Client Survey of Services

Erika K. Fountain, LPC, AODA; Duanne Lafrenz, LCSW; John Noyer, LPC; Catherine Lindskog, MA, LPC; Robert Barnett, M.Div., MA, LPC

Thank you for choosing Lake Geneva Wellness Clinic, LLC for your needs. Please take a minute to fill out this survey so that we can continue to improve our services to offer you the best care possible.

How did you hear about Lake Geneva Wellness Clinic, LLC? _____

1=poor/none of the time 2=somewhat helpful/a little 3=fair/average/some of the time 4= good/most of the time 5= excellent/all of the time

1. When you called and first contacted us was our staff helpful, courteous? 1 2 3 4 5
2. When you first visited, was the clinic staff helpful and professional? 1 2 3 4 5
3. At your first session did your therapist explain your rights and limits of confidentiality to you?
1 2 3 4 5
4. Did your therapist review your treatment plan with you? 1 2 3 4 5
5. Were your concerns addressed and was your treatment explained? 1 2 3 4 5
6. How would you rate your therapist: Did they help you? Were they knowledgeable?
1 2 3 4 5
7. Have your symptoms improved since participating in therapy? 1 2 3 4 5
8. Was the office staff helpful? (front desk, billing...) 1 2 3 4 5
9. Was your counseling room peaceful and helpful to your therapy? 1 2 3 4 5
10. Was the location of the clinic convenient for you? 1 2 3 4 5
11. I would recommend friends and family to this clinic/therapist. 1 2 3 4 5
12. On a scale of 1-10, with 10 being great, how would you rate your life now after your experience and therapy at this clinic? 1 2 3 4 5 6 7 8 9 10

Additional

Comments: _____

