

P.A.T.H.S. Client Feedback Form



Please help us to assess and develop our service by giving us your feedback.

Date..... Name

Contact details (optional).....

Counsellor.....

Period of counselling.....

What was your experience of the counselling? Include comment on the counsellor's approach e.g. friendliness, skill, helpfulness and the Programme (if you did the Programme)

What went well for you?

What was difficult?

How might we improve our services?

Would you recommend P.A.T.H.S. to others?

Additional comments:

Do you want further contact? Yes / No Newsletter Remembrance Services

If so please provide Email address:.....

Send to P.A.T.H.S. PO Box 1557 Christchurch 8040
or email to co-ordinator@postabortionpaths.org.nz