

# Mandala Complementary Studies & ICGT

## CLIENT ASSESSMENT FORM

(completed by you)

*This completed form should accompany the case history when it is sent to MCS.*

*If you have seen this client more than once you may wish to complete the form after each visit if you find it helpful.*

This questionnaire forms part of your assessment..

**Client's name:**

**Your Name:**

**Date:**

*Please underline the answer which you feel is most appropriate for questions 1-5.*

Please answer questions 6-10 in your own words.

1. Your professional approach                      poor / patchy/ good/ very good/ excellent
2. Clarity of explanation                              poor / patchy/ good/ very good/ excellent
3. Rapport, putting the client at ease              poor / patchy/ good/ very good/ excellent
4. Your confidence                                      poor / patchy/ good/ very good/ excellent
5. Your competence and efficiency                poor / patchy/ good/ very good/ excellent
6. Did the client feel any benefit from the treatment(s)?
7. Did you feel that the session went well?
8. If you could do this session again, would you alter anything?
9. Were you pleased about anything in particular?
10. Any other comment?