



**MIDLAND WOMEN'S HEALTH CARE PLACE  
COUNSELLING EVALUATION**

**Program:**     **Counselling (Embrace/PND)**             **Counselling (Women's Health/General)**

**Date:** \_\_\_\_\_

**Counsellor Name:** \_\_\_\_\_

*Please rate the overall performance of your counselling experience at Midland Women's Health Care Place. The information you provide will be kept private and confidential. **Thank you for your assistance to improve the quality of our services.***

*For each of the questions below, please indicate 1 to 5 with 1 representing a low level and 5 representing a high level. If not applicable, please tick N/A.*

**RELATIONSHIP**

I did not feel heard, understood and respected    1-----2-----3-----4-----5    I felt heard, understood and respected  
 N/A

**GOALS & TOPICS**

We did not work on or talk about what I wanted to    1-----2-----3-----4-----5    We worked on and talked about what I wanted to  
 N/A

**APPROACH OR METHOD**

The counsellor's approach is not a good fit for me    1-----2-----3-----4-----5    The counsellor's approach is a good fit for me  
 N/A

**INFORMATION / REFERRALS**

I didn't find the information/referrals provided sufficient or relevant    1-----2-----3-----4-----5    I found the information/referrals provided sufficient & relevant  
 N/A

**OVERALL SATISFACTION**

How would you rate your overall satisfaction with the services you received at MWHCP?

Not at all satisfied    1-----2-----3-----4-----5    Very satisfied  
 N/A

**FURTHER COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMAILING LIST**

Would you like to receive updates from Midland Women's Health Care Place?

YES, Email: \_\_\_\_\_  NO     Already receiving

**MEMBERSHIP**

Would you like to receive more information about becoming a member?

Receive updates via post, quarterly newsletters, program timetables, use of our resource library and internet, invitations to special events and more!

YES, Email: \_\_\_\_\_  NO     Already a member

**MWHCP STAFF ONLY**

Does the client have any outstanding payment?

No             Yes – Amount \$ \_\_\_\_\_             Request for payment made

**PHONE EVALUATIONS ONLY:**

Client Name/Contact Number: \_\_\_\_\_

Client Contact:    Attempt 1 \_\_\_\_\_            Attempt 2 \_\_\_\_\_            Attempt 3 \_\_\_\_\_