

Terrapin Therapeutic Collaborative contact information

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Please fill this out the form below and return to admin@terrapiincollaborative.com. If you have any questions please call or email our office at 978-998-5694.

1. Instructions

In an effort to continually improve our best practices and ensure the highest standard of care; we periodically request feedback from client's collaterals or family members so that we may continue to serve you most effectively. Please take a moment to complete this questionnaire and return it to our office via U.S. Mail or e-mail. If you wish to remain anonymous a self addressed stamped envelope will be provided to you. Thank you for taking the time to share your feedback. Our team is grateful for the opportunity to help.

0 Extremely dissatisfied	1 Disappointing	2 Adequate	3 Good	4 Exceptional
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Clinician information

Name (First)

MI

Last

Today's date (MM/DD/YYYY)

2. Intake

Select one:

1. My first attempt to seek services at Terrapin was responded to in a timely manner.	0	1	2	3	4
2. During my initial consultation call prior to intake my clinician was knowledgeable, accessible and helpful.	0	1	2	3	4
3. I was able to access the client portal and easily complete all intake documents.	0	1	2	3	4
4. The language of intake documents was clear and concise.	0	1	2	3	4
5. The limitations of confidentiality and Terrapin policies and procedures were provided to me in writing and explained verbally at intake.	0	1	2	3	4
6. The Terrapin social media policy was explained to me.	0	1	2	3	4
7. Safety and emergency protocols were discussed with me at intake.	0	1	2	3	4
8. Is there anything that we can do to improve intake procedures at Terrapin? Please explain.					

3. Therapeutic Support

Select one:

1. Over the first 3-5 sessions my clinician and I were able to identify a therapeutic goal and create a treatment plan.	0	1	2	3	4
2. My clinician was able to listen empathically and provide a safe space for sessions.	0	1	2	3	4
3. My clinician provided me with resources which were helpful when appropriate.	0	1	2	3	4
4. My clinician respected my personal boundaries and allowed for sessions to be client driven.	0	1	2	3	4
5. My clinician clearly explained to me his/her boundaries and expectation for reaching out after hours and between sessions.	0	1	2	3	4
6. My clinician honored appointment times and was consistent with session structure.	0	1	2	3	4
7. My clinician behaved in a professional and ethical manner	0	1	2	3	4
8. I felt able to explain my needs and goals to clinician without judgment.	0	1	2	3	4
9. I felt as though sessions were helpful and I was able to meet my goals.	0	1	2	3	4
10. My clinician clearly communicated scheduling needs and availability each session.	0	1	2	3	4
11. My clinician effectively communicated with collateral team members when appropriate.	0	1	2	3	4
12. I was able develop a safe and trusting rapport with my clinician in service to my health and wellbeing.	0	1	2	3	4
13. Is there anything our team can do to improve the quality of therapeutic support provided at Terrapin? Please explain.					

4. Billing

Select one:

1. Billing policies and procedures were explained to me at intake.	0	1	2	3	4
2. I was able to reach the billing department to resolve or clarify any issues in a timely manner.	0	1	2	3	4
3. The billing department staff was professional and clear in discussing and clarifying any billing matters.	0	1	2	3	4
4. I received clear and consistent monthly billing statements.	0	1	2	3	4
5. Is there anything our team can do to improve the quality of billing services provided at Terrapin? Please explain.					

5. Discharge Procedures

Select one:

1. Discharge procedures were clearly explained to me at intake.	0	1	2	3	4
2. I was given the opportunity to review treatment goals and progress prior to discharge.	0	1	2	3	4
3. My clinician provided me with helpful referrals upon discharge.	0	1	2	3	4
4. Is there anything our team can do to improve the quality of discharge procedures at Terrapin? Please explain.					

6. Overall Program Performance

0 Not likely	1 Somewhat likely	2 Likely	3 Very Likely	4 Extremely Likely
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Select one:

1. How likely would you be to refer a friend of family member to services at Terrapin?	0	1	2	3	4
2. Open Ended Client Feedback. Please Share with us anything else you would like us to know?					

7. Signature

Do we have your permission to use quotes in a confidential manner as testimonials on our website? Yes No

Signature of client

Today's date (MM/DD/YYYY)

Would you like to remain on the Terrapin contact list after discharge to continue to receive telephone or electronic communication and/ or resources? Yes No

Signature of client

Today's date (MM/DD/YYYY)

Thank you for providing us this valuable feedback. It has been our pleasure to work with you.