



HOPE REVEALED

BEHAVIORAL HEALTH CENTER INC.

"Healing yesterday, giving hope for tomorrow"

Behavioral Health Services Pre Treatment Survey

Please complete the form by filling in the boxes on each question.

About Mental Health

1. Have you ever received mental health services before?
 Yes
 No

2. If yes, how would you rate your overall experience?
 Excellent
 Very Good
 Fair
 Poor
 Not Applicable

3. Who may we thank for your referral?
 Medical Doctor: _____
 Family Member/Friend: _____
 DHS Worker Name: _____
 OJA Worker Name: _____
 School: _____
 Other: _____

4. How would you rate your experience making an appointment in our office?
 Excellent
 Very Good
 Fair
 Poor

5. How would you rate your experience in finding our office?
 Excellent
 Very Good
 Fair
 Poor

6. How would you rate the timeliness of your first appointment?
 Excellent
 Very Good
 Fair
 Poor



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7. How would you rate the friendliness of our office staff?
- Excellent
 - Very Good
 - Fair
 - Poor
8. After visiting with a staff clinician, do you feel hopeful that we will be able to assist you in finding tools to help you cope with your present situation?
- Very Hopeful
 - Hopeful
 - Somewhat Hopeful
 - Not Hopeful

Additional Comments:
