

May 2025

Feedback Form,



Dr. Raymi Doyle



In Therapy I believe that my service can always be improved and I'd appreciate your time to provide feedback that can help me achieve this.

Please complete and email back to raymidoyle@gmail.com

Please note that the responses are anonymous and confidential.

As in the counselling process, your honesty is appreciated. Number '10' indicates the highest score.

Age Group: 0-12 13-18 19-30 31-40 41-50 51-60 61+

Gender:

Presenting Issue:

1. How well were your presenting issues addressed? 0 1 2 3 4 5 6 7 8 9 10 ⁹

Any other comments?

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2. How satisfied were you with your counsellor? 0 1 2 3 4 5 6 7 8 9 10

Any other comments?

9

3. How well did the counselling process meet your needs? 0 1 2 3 4 5 6 7 8 9 10

Any other comments?

8

4. If the counselling met your needs, what has now changed for you?

Feel much further on in journey of self

Feel more validated in self perception



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5. What aspect of the counselling stood out for you?

Client led approach allowed me to set direction

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6. In what ways could the counselling have better met your needs?

Perhaps could have challenged me more

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7. Would you recommend Dr. Raymi Doyle and to another person? Yes/No yes

Reason why

Very knowledge yet also practical. Took holistic approach. Focused on positive outcomes.

8. Do you have any other comments to make?

I find the therapy room visually busy. Items have moved from one session to next.

This can be distracting

Thank you for the invaluable support and guidance

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9. Are you ok with this feedback being published on the website

Yes/no yes

If Yes which, do you prefer?

-

First name —

-

Initials —

X

Anon —