

Client Feedback Form

Our goal is to improve the quality of your life by maximising your hearing capacity.
We want you to be impressed, not just pleased, with the outcome.

What you tell us makes a big difference to the quality of service we give you.
We would appreciate your comments about our services.
This helps us strengthen the positive aspects of the services and overcome the weaknesses.

Please put this completed form into the envelope provided.

If you choose not to write your name at the bottom this form will remain anonymous to us.

Please circle one number per line. 1 = poor 5 = average 10 = outstanding

Date ____/____/____

How do you feel you were treated by Can:Do Hearing staff?

1 2 3 4 5 6 7 8 9 10

Comment _____

How satisfied are you with your hearing aids overall?

1 2 3 4 5 6 7 8 9 10

Comment _____

How likely would you be to refer Can:Do Hearing to friends, family and colleagues?

1 2 3 4 5 6 7 8 9 10

If you have previously received any hearing services elsewhere how do we compare?

1 2 3 4 5 6 7 8 9 10

Comment _____

Please tick all aspects below that are important to you about Can:Do Hearing?

Reception Staff Audiologists Location Parking

Your Doctors Recommendation Not affiliated with any manufacturers

Not for profit/Relationship with Deaf:Can Do Price of your hearing aids

Other _____

Please use this space for any additional comments:

The best way you can thank us for a job well done is to refer us to other people

Name _____

Phone _____

I authorise the use of my comments and name for use in
Can:Do Group marketing materials

**Can:Do
Hearing**