

Client Feedback

Your feedback on this form helps me evaluate my practice. I very much appreciate your honesty, telling me what you liked and didn't like. This will enable me to provide better care to my future clients. Even if you have just five minutes to spend on this, I appreciate your responding about those areas that had the greatest impact on you, and I especially appreciate your letting me know whether I can pass along your name as a reference. Thanks.

1. How do you feel about the quality of prenatal care you received? Did I spend enough time with you? Too much time? What about the quality of the time? Did you feel comfortable talking about questions, concerns or problems you were having? What did you find most beneficial about the prenatal visits? What was the least helpful about them?
2. How do you feel about the quality of care you received during your labor and birth? Did we fulfill your expectation of the roles we would perform and the way we would act? What was the most helpful? What could I have done differently to improve your birth experience? If applicable, how do you feel about this experience compared to the other times that you have given birth?
3. How do you feel about the quality of postpartum care you received? Was it sufficient? Was the care given to your baby satisfactory? What was the most helpful? Is there anything you wish I had done differently during your postpartum period?

4. Is there anything else about your birth that you wish had been different? (Please feel free to use this as an opportunity to vent about anything - from the color of my Scrubs top to the unchangeable circumstances of your birth.)

5. I realize how important each pregnancy and birth is in your life. I try to add a special intimacy and friendship to the experience, to make the changes of pregnancy a time of growth and fulfillment and the transformation of birth a sacred and joyful event. Did I meet these goals for you?

6. What was your use of herbs, homeopathics, hypnotherapy, DVDs and other alternatives:
"Ready for Birth" guided imagery audiotape in my voice - how many times all together? _____
Other Hypnobirthing style preparation? _____
Liquid Labor Prep? _____ % of recommended use? _____
Doc Chris Prenatal Tea capsules? _____ % of recommended use? _____
Homeopathic arnica? _____ % of recommended use? _____
Others? _____
How many times did you watch birth DVDs? ____ What was your favorite? _____

Did you feel that these helped you? If so, how?

7. Do you have any further comments or suggestions for how I can improve my practice? Please feel free to add additional sheets of paper about anything else you'd like to add. I value your thoughts tremendously, and you do me a great service to provide honest feedback. Thank you!

8. Do you have any words of wisdom to pass along to other birthing women?

9. May I give out your name as a reference for prospective clients?

Please sign here if you give permission for me to use excerpts from this evaluation to share with others, naming you only by initials.

Signature _____

Thank you for your time and thoughtfulness in providing this feedback!