

Client Feedback Form



Please answer the following questions as thoughtfully and honestly as possible. It will greatly help us to keep up what we do best and to improve in areas where it may be needed. In advance, thank you very much for taking the time to provide your feedback!

Name:
For how long were you a client of Nutrifit, Sport, Therapy, Inc.?
How did you become a client?
□ referred by doctor (GP,gastro,other:)
□ referred by other (therapist—type:; coach—type:,other:)
□ recommendation from someone (please specify:)
□ your own research (word of mouth,online,other:)
□ other:
What specifically encouraged you to seek a professional nutritionist?
Overall, how satisfied were you with Nutrifit, Sport, Therapy, Inc.?
□ Very □ Somewhat □ Moderately □ Somewhat □ Very satisfied satisfied dissatisfied dissatisfied
Please explain your answer (be as specific as possible):
What was most beneficial about working with Nutrifit, Sport, Therapy, Inc.?
What were the accomplishments you achieved during this time?

What did you learn that you most use in your life?
Why did you stop being a client of Nutrifit, Sport, Therapy, Inc.?
Is there anything you would like to see done differently when it comes to client care at Nutrifit, Sport, Therapy, Inc.?
Would you return as a client to Nutrifit Sport Therapy, Inc.? Please explain why or why not, and under what circumstances.
Would you recommend Nutrifit, Sport, Therapy, Inc., to others? ☐ Yes, and I ☐ Yes, if the opportunity ☐ Maybe. ☐ Probably ☐ No. already have. presented itself. not.
Why? If you were to recommend us to someone, what would you say?
Are there any other comments you would like to add?
Again, thank you! Please save the completed form on your computer, and then email it as an attachment to pagelove@nutrifitga.com
You may use my name when quoting my feedback.Please do not use my name when using my feedback.