

Healing Service Evaluation

Service Type: _____ Date: _____

Name: (Optional) _____

Please use the key below to answer the following questions

N/A = Not Applicable 1 = Absolutely 2 = Mostly 3 = Uncertain 4 = Probably Not 5 = Absolutely Not

____ Was the healing service beneficial to your personal growth?

____ Did your experience expand your knowledge?

____ Did you learn skills that you can apply to your well-being?

____ Was the healing service beneficial to your professional activities?

____ Was the healing specialist knowledgeable?

____ Was the healer well prepared?

____ Was the healer attentive to questions?

____ Would you use this healing specialist again?

____ Would you recommend this healing specialist?

How would you rate the overall value of the healing service? (Circle one)

a) Excellent b) Good c) Fair d) Poor

Any feedback about the healing service would be helpful.

Is it ok we use this as a testimonial on Lisa's website? Y / N

Is it ok to use your first name, last initial, title and city? Y / N