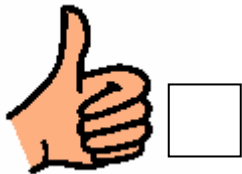


# Your Opinion

CLIENT SURVEY FORM:

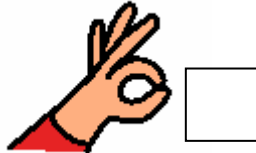
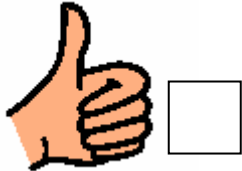
Please help us improve our service. Tell us what you think?

1. Are you happy with the plans made with LifeLinks?



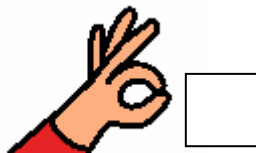
Comment:

2. Were you listened to by LifeLinks?



Comment:

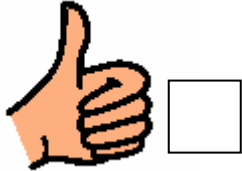
3. Did you understand the information you were given by Lifelinks?



Comment:

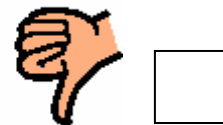
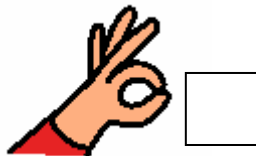
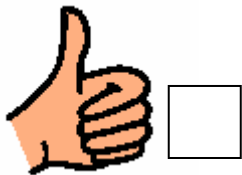
Please turn over

**4. Are you happy with the information you were told by LifeLinks?**



Comment:

**5. Would you tell your friends about LifeLinks?**



Comment:

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**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Needs Assessors name:** \_\_\_\_\_

**Service Coordinators name:** \_\_\_\_\_

**Any Questions please phone us on 0800 866 877 or fax:  
(03) 365 5244 or email [freemanp@lifelinks.co.nz](mailto:freemanp@lifelinks.co.nz)**

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Office Use Only :            Intellectual    Physical    Sensory    Psychiatric    Alcohol &  
Drug

Children    Developmental Delay

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