

BENEFITS AND VALUE FROM THERAPY/COACHING

Name: _____ Date: _____

IN ONE BRIEF SENTENCE, PLEASE EVALUATE THE BENEFITS, POSITIVE CHANGES, AND VALUE YOU HAVE RECEIVED AND EXPERIENCED AS A RESULT OF THE SESSIONS WITH DR. LETICIA SO FAR.

Rate the scale from 1 to 10. 10 being the most transformative.

BEFORE	NOW
State of Mind:	State of Mind:
Emotional State:	Emotional State:
State of Self-Awareness:	State of Self-Awareness:
State of Self-Worth:	State of Self-Worth:
State of Self-Appreciation:	State of Self-Appreciation:
State of Trust in Self:	State of Trust in Self:
State of Hope That Life Can Be Better:	State of Hope That Life Can Be Better:
Who else has benefited from your transformation?	How?
How much value have you received from your sessions? Check which one applies and Explain:	<input type="checkbox"/> I expected more. <input type="checkbox"/> I expected less. <input type="checkbox"/> I expected what I got.
How do you rate the price you paid for your sessions? Check which one applies and Explain:	<input type="checkbox"/> I expected to pay less. <input type="checkbox"/> I expected to pay more. <input type="checkbox"/> I would happily pay more. <input type="checkbox"/> I got a huge bargain.
How well would and why you recommend or refer people to Dr. Leticia?	<input type="checkbox"/> I would. <input type="checkbox"/> I would not.