



FAMILY HEALING SERVICE CONSULTATION FEEDBACK FORM

Today's date: _____

Do you understand what the Family Healing Service will do? _____

Can you put into your own words what we do? _____

What have we left out that may make this service better? _____

Would you like to be involved? _____

Can you recommend someone to be on our reference group: who? _____

This space is for any comments or thoughts – Have your say: _____
