

We Want Your Feedback...

In order to improve our services, please take a moment and share your facility's Healing with Harmony experience.

To Do:

Do you believe your patients are satisfied with the overall music and spoken word selections of your current Harmony Kit?

If no, please explain...

Your Harmony Kit is:
(check appropriate box below)

- Always in use
- Frequently used
- Occasionally used
- Rarely used
- Not used at all (If not used, please explain)

Do patients find the Harmony Kit easy to use?

If not, what difficulty are they experiencing?

If not already included with your kit, do you believe some of your patients would enjoy a free massage if it became available as a complimentary service within your Harmony Kit?

Is there anything we can do, or provide, to make your Harmony Kit easier to implement? For instance, do you have any Healing with Harmony signs?

Name of Facility _____

Contact Person _____

Phone Number _____

E-mail Address _____

Healing with Harmony
106 West Hack Court
Crown Point, IN 46307

