

**Children and Young People's form**

<b>My name is</b>	
<b>My age is</b>	



I enjoyed my Physiotherapy



Yes



Not Sure



No

My Physiotherapist was friendly and helpful



Yes



Not Sure



No

Physiotherapy made me feel more confident



Yes



Not Sure



No

I would recommend Physiotherapy to my friends



Yes



Not Sure



No

Anything else you want to tell us?

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**THANK YOU FOR YOUR FEEDBACK 😊**