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Director

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TetraLexRN Outcome Assessment

Please select TRUE or FALSE when answering the following questions:

1. I was treated with compassion throughout my therapy and training at TNN INC.
 TRUE FALSE
2. I felt Alexandra acted as an advocate for me during my work with TNN INC.
 TRUE FALSE
3. There was an increase in my ability to cope with the stress that occurs in my everyday life - following therapy and training with TNN INC.
 TRUE FALSE
4. I was offered evidence-based practice techniques specific to my training plan.
 TRUE FALSE
5. Alexandra took the time to be sure I understood the treatment program we followed.
 TRUE FALSE
6. I have a regimen to follow if I begin to lose improvements that occurred during treatment (please mark N/A if no improvements occurred).
 TRUE FALSE N/A
7. If there were no improvements that occurred, I understand that I may request TNN to source a referral for me to pursue low level stimulation and biofeedback with another provider.
 TRUE FALSE
8. If a different approach or change in therapy plan was requested, it was provided to me in a timely manner.
 TRUE FALSE

Please provide any additional comments regarding your treatment experience below:
