

## Client Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Next of Kin (emergency contact details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it ok to contact you at your address and tel no? YES/NO

Is it ok to leave a message on your tel no? YES/NO

Have you had counselling before?

If so how long ago? \_\_\_\_\_ For how long? \_\_\_\_\_

What has brought you to seek counselling this time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to achieve from counselling?

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\_\_\_\_\_

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Are you on any medication?

If so, what is the name of it and what is it for?

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Are you supported by any other agencies? (i.e. social services, mental health service)

If yes, please give contact details.

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What is the name, address and telephone number of your GP?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Tel No: \_\_\_\_\_

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Do you give permission for your counsellor to speak to other agencies or your GP if she felt it was necessary?

Any further information that would be helpful prior to sessions commencing: \_\_\_\_\_

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Signature of Client: \_\_\_\_\_

Signature of Counsellor: \_\_\_\_\_

Date: \_\_\_\_\_