

Referred by	Click or tap here to enter text.	Date	Click or tap to enter a date.
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### Personal Details

First Name	Click or tap here to enter text.	Surname	Click or tap here to enter text.	D.O.B.	Click or tap to enter a date.
Address	Click or tap here to enter text.			Post Code	Click or tap here to enter text.
E-mail	Click or tap here to enter text.			Phone Number	Click or tap here to enter text.
Alternate Number	Click or tap here to enter text.	OK to identify the caller?	<input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Language	Click or tap here to enter text.		Ethnic/Cultural Identity	Click or tap here to enter text.	
Preferred Pronouns		<input type="checkbox"/> She/her/hers	<input type="checkbox"/> He/him/his	<input type="checkbox"/> They/them	<input type="checkbox"/> Other (Please specify):

### Relationship Status

Select one <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Living with a partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Partners name	Click or tap here to enter text.		Partners pronoun	Click or tap here to enter text.	
Other Significant Relationships (parents, children, siblings, etc.)					

### Emergency Contact

Name	Click or tap here to enter text.	Contact Phone #	Click or tap here to enter text.
Alternative contact #	Click or tap here to enter text.	Permission to contact in case of emergency?	Click or tap here to enter text.
Relationship to you	Click or tap here to enter text.		

### Health & Medical Details

GP Name	Click or tap here to enter text.	GP Practice and address	Click or tap here to enter text.
Medications (if relevant): Click or tap here to enter text.			
Diagnosed/Suspected Health Conditions (including Mental Health): Click or tap here to enter text.			

Previous Experience with Counselling/Psychotherapy:

Click or tap here to enter text.

**Other information:**

Reason for seeking counselling:

Click or tap here to enter text.

Is there anything else you would like me to know about you or that might be important for us?

Click or tap here to enter text.

How did you hear about this counselling service?

Click or tap here to enter text.