SINEAD WITHERS COUNSELLING PERSONAL INFORMATION SHEET

Name ­­­­­­­­­­­­­­­­­­­­­­­­­­­ …………………………………………………………………………………………………

Address …………………………………………………………………………………………………

Email ………………………………………………………………………………………………….

Tel no ­­­­­­­­­­­­­­­­­­­­­­­­­­­­………………………………………………………………………………………………….

GP …………………………………………………………………………………………………

………………………………………………………………………………………………….

Medication …………………………………………………………………………………………………..

Mental health

Diagnosis? …………………………………………………………………………………………………..

Emergency

contact name

…………………………………………………………………………………………………..

Relationship …………………………………………………………………………………………………..

Tel no …………………………………………………………………………………………………..

Have you had therapy before? If so when………………………………………………………….

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What has brought you to seek counselling and what do you hope to achieve?........

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Date this

Therapy

started ……………………………………………….

* These details are used for the purposes of therapy only, eg session change/cancellation or to set up zoom should we move online.
* By filling in and signing the form, agreement is given that emergency contact numbers will be used if the need arises, as discussed in initial session.
* They will not be used for marketing and will not be kept with any process/supervision notes
* This data is destroyed five years after therapy finishes.

**Signed………………………………………………………………………………….**

**Print name……………………………………………………………………………**

**Dated………………………………………………………………**