

SINEAD WITHERS COUNSELLING PERSONAL INFORMATION SHEET

UNDER 18s

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

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

DOB …………………………………………………………………………………………………

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

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

GP name, address

telephone ……………………………………………………………………………………………………………

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

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

Mental health

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

Name of Parent

to contact in Case

of emergency

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

Tel No. ……………………………………………………………………………………………………

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

Second Emergency

Contact ………………………………………………………………………………………………….

Relationship ……………………………………………………………………………………………………

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

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

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

What has brought you to seek counselling and what are your goals?......................

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

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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………………………………………………………………………………….**

**Client**

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

**Dated………………………………………………………………**

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

**Parent/Guardian**

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

**Dated……………………………………………………………………………………**