

**CLIENT INFORMATION SHEET – CONFIDENTIAL**

<b>Personal Information</b>	
<b>Name(s)</b>	
<b>Date of birth</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Method of referral</b>	

<b>Address</b>	
<b>House number/name:</b>	
<b>Street:</b>	
<b>City:</b>	<b>Postcode:</b>

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<b>Details of your GP</b>
<b>GP name:</b>
<b>GP address:</b>
<b>GP tel no:</b>

<b>Emergency Contact Person</b>
<b>Name and Relationship:</b>
<b>Tel no:</b>

Have you had any serious illnesses I should be aware of?

Have you had previous psychiatric or psychological treatment or counselling?

Are you on any medication that I should know about, that might impact our work together, or that is related to the issues that have brought you to therapy?

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**Client signature and date**

**Your signature, or return from your email address, indicates that you have read the associated Terms of Engagement.**