



Date of enquiry:

Name:

Date of Birth:

Contact details (telephone / email / postal address):

Preferred method of contact:

Reasons for contacting Alison Smith Counselling:

What kind of support/outcome are you looking for?

Any additional needs or circumstances – such as involvement / support of other agencies, previous or ongoing counselling / therapy

Any disabilities, medical conditions or allergies?

Anything else you think would be useful for me to know?

Where did you hear about Alison Smith Counselling?

Please note: any information included on this form is to enable us to consider how best I may help you and/or your child / young person, and where necessary a recommendation to alternative and / or additional services will be provided. By filling in and returning this form you are giving me consent to collect this information for preliminary assessment purposes. A full data protection privacy notice will be given to you for consent and signing at the initial consultation. Should you decide not to proceed with counselling, this form will be immediately deleted from all records and none of your information will be retained whatsoever.