



Client information

Name:

Address: Post code:

Date of Birth: Occupation:

Telephone: Home: Mobile:

E-mail:

CURRENT ISSUE:

Nature of present issue or reason why you desire therapy:

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Any previous efforts to resolve the issue? Results?

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Are you currently undergoing medical or psychological treatment for the issue? YES/NO

If so, by whom? Tel:

Address:

MEDICAL HISTORY

Have you undergone any other treatment, physical or psychological, in the past year? YES/NO

If so, by whom? Tel:

Address:

Current medications (please list)

Have you had any prolonged illnesses in the past?

GP details:

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Any further information you wish to share with me:

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