

**Privacy Statement**

I ask for your name and contact details for the purpose of being able to contact you during our work together. I ask for an emergency contact and GP details in case of emergency or if I have serious concerns about your wellbeing.

I will never share this information with a third party for commercial or financial gain. I will store session notes in a password protected document in line with UK GDPR legislation and paper records in a locked filing cabinet. I will keep session notes, privacy statement and a copy of our counselling agreement for 5 years, or 5 years from the date of your 18th birthday, if under 18.

Client contact details: \*Full Name…………………………………………………………………………. Date of birth………

Your pronouns if you want to share them: …………….

\*Tel …………….......................................... Email ……………………….…………….

Address: ……………………………………………………………………………………………….

………………………………………………………………Postcode…………….....................

**Emergency Contact:**

Name ………………………………………… Tel …………………………………………………..

Relationship ………………………………… Do they know you are having counselling?..............

Relevant medical conditions and any medication: (what you think I need to know in an emergency)

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

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

GP: Tel: .................................................................

Address: ……………………………………………………………

………………………………………………………………………….

I have read and consent to the privacy statement above.

Printed full name: …………………………………………….

Signature (hand signed/digital):

Date: ………………………………………………………………...



**Intake assessment**

*Please feel free to use any empty space to add further information you feel may be important for our work together.*

**Personal Information**

|  |  |
| --- | --- |
| Age | Number of dependants  |
| Ethnicity | Age of dependants |
| Marital status |  |
| Religion |  |
| Gender |  |
| Who do you live with? |  |

**Reasons for seeking support**

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| --- |
| What are the reasons for seeking counselling?  |
| How intense is your emotional distress? 0-not at all/ 10- Incapacitating  |
| To what degree do your problems effect your daily life?0-not at all/ 10- Incapacitating  |
| When did these problems begin? |
| What was happening in your life at this time? |

**Medical and Psychiatric history**

|  |
| --- |
| Have you been diagnosed with any psychiatric or mental health conditions? |
| Have you been diagnosed with any physical health conditions? |
| Are you taking any medication, and what for? |
| Please provide the name of your psychiatrist (if you have one) and contact details |

**Counselling Goals**

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| --- |
| What motivated you to come here today? |
| What are your goals for counselling? |
| Is there anything else that you would like to mention? |