**Client intake form Cornerstone therapy**

This form is used to gain some insight into your current challenges and to help me understand if we would be a good fit to move things forward for you. All information documented here will be held in line with the confidentiality processes as detailed on the client contract document.

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| --- | --- |
| Full name: |  |
| Date of Birth: |  |
| Home address: |  |
| GP address:Consent to contact?  | YES / NO |
| Contact telephone:Contact Email: |  |
| Are you currently on any medication for mood or anxiety?  | YES / NOIf yes, what medication are you on?  |
| Please provide you next of Kin details. These will only be used in emergency as detailed within consent form.  | Name:Phone:Relationship:  |
| Where did you hear about me?  |  |

Please write a brief description of the current challenges you are facing now:

When did the problem start?

Have you accessed physiological treatment or support in the past?

Are you having any thoughts about suicide or hurting yourself?

Have you ever acted upon these thoughts before?

What would you like to gain from therapy?

Please return this form to me at amy@cornerstonetherapy.co.uk