

# Pre-Assessment Questionnaire

When you come for your initial assessment consultation, you will have the opportunity to discuss your difficulties in detail with me. Talking openly is the most important way to understanding them. These questions will offer the chance to think about where to focus in order to best support you. This form will have your details but will be kept securely in a named file with the counsellor. This is strictly for the counsellor's use only.

**Personal Details:** Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

GP Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

## Reasons for seeking therapy:

1. How would you describe your current difficulties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. When do you feel these first started?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you having or have you recently had thoughts of harming yourself or suicidal thoughts? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you having or have you recently had any thoughts of harming someone else?

Please describe.

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5. Are you currently taking any medication (for mental or physical problems?) Please provide the name and dosage.

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6. Can you say why you are seeking help now?

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7. In what way do you expect therapy to help you?

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**A little about you:**

1. How would you describe yourself as a person and how do you feel when other people see you?

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2. What are your most significant relationships?

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3. If you have a partner, and/or family, do you have any difficulties or unhappiness in your relationship you're your partner or family? Please explain.

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4. What aspects of life give you satisfaction or help you cope?

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**Declaration**

I understand that the above contact details and personal information will be stored securely and used only by you. The contact details provided are to enable you to contact me. I understand that my GP will only be contacted in cases of medical or safeguarding emergencies, and that this shall be discussed with me should such an occasion rise.

Client Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_