|  |  |
| --- | --- |
| \*First Name | \*Second Name |
|  |  |

|  |
| --- |
| \*Address |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| \*Date of Birth | \*Phone number | \*Email |
|  |  |  |

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| What areas of wellness are you looking to address? |
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| \*Are you currently under the care of any professional counselling, psychology or mental health services? If yes please tell us why? |
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| Please tell us what you are hoping to gain from the Wellbeing sessions? |
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* Please be assured that all the information provided is strictly confidential and for our own internal use. We do not share any information with any organisations outside Wellbeing with Rosey.
* All discussions during our sessions are strictly confidential and will not be disclosed to **any** third parties without explicit client authorisation.

Please sign and date below to confirm you are happy to proceed with the sessions. Anyone under 18 must have signed parental or guardian consent.

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Signature Parental/Guardian Signature