**Please complete the following information below and return the agreement to me as an attachment if you would like to proceed with our counselling service:**

Full name of the client:

Name you would like the counsellor to use if different to above:

Date of Birth:

Emergency contact number for yourself *(in the event of technology breakdown which disrupts a counselling appointment or our inability to meet you at the agreed session time):*

Telephone number:

Email:

Address:

Preferred contact type: Call Text Email

Name of a parent or Guardian of the client:

Telephone Number:

Email:

Emergency contact number for someone else (*in the event you are unwell during a session or in the event of a welfare check, this can be a family member, a friend, colleague, or support worker, please inform them that you have provided me with this information*):

Name:

Relationship to you:

Telephone number:

Email:

GP Surgery Name and Address:

Please sign (electronically if needed) and date here if you agree to working to the points within this agreement.

Signature Date

**Please see questions below**

**Please answer the questions listed below prior to returning the signed agreement document.**

Please provide brief details below regarding what parts of your life you would like to explore in counselling *(there may be one or many)*:

Have you received counselling or psychological support in the past, or are receiving such support currently? If so please provide brief details of the nature and outcome of the support received and also what you found helpful/unhelpful from the support:

Do have any diagnosed physical or psychological conditions that I may need to be aware of?

Please list any prescription medications you are currently taking (please state none if not applicable):