**Confidential Client Information Form**

**NomadicsTherapy.com**

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| **Contact Details** |
| Name |  |
| Address  |  |
| Contact Telephone: |  |
| Email address |  |
| Date of birth and age |  |
| What is your preferred contact method? | Email/text/phone  |
| GP name and address |  |
| Emergency Contact and telephone number |  |

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| **Health Information** |
| Are you in good physical health | **Yes** | No |
| If no, what do I need to be aware of? |  |  |
| Are you taking any prescribed Medications? | Yes | No |
| If yes, please provide details: |
| Do you have a disability I need to be aware of? | Yes | No |
| If yes, please provide details and whether there are any special requirements |  |  |
| Do you have a psychological condition that could prevent your participation in counselling? | Yes | No |
| If yes, please provide details |

I hereby give my consent to participate in therapy and confirm that I know of no reason why therapy cannot take place. I acknowledge and confirm that if there is a change to my circumstances, I will discuss this with my therapist. I comprehend the need to regularly revise my emergency contact details when commencing each session with my therapist. This safety measure is implemented due to the online format of our sessions am responsible for my own mental and physical health throughout the therapeutic process.

Client Signature: ……………………………….…… Date …………………………

*Personal information is stored under GDPR guidelines.*