|  |  |
| --- | --- |
| **Title:** |  **Mr Ms Miss Mrs**   |
| **Gender & Pronouns:** |  |
| **Date of Birth:** |  |
| **Full Name:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Contact Number:**  |  |
|  |
| **Emergency Contact Name:** |  |
| **Number:** |  |
| **Relationship:** |  |
|  |
| **GP contact details:** |  |
|  |
| **Best time to contact you:** |  |
| **Preferred methods of contact:** | **Phone Text Email Teams**  |
| **Preferred method/s of counselling:** | **Phone Zoom Teams**  |
| **What are you looking to address in counselling?** |  |
| **Are you currently involved in, or have you been involved in counselling in the past?** |  |
| **History of Previous or Existing Medical/Psychiatric Conditions** |  |
| **History of violence, substance abuse or self-harm:** |  |
| **Current medications:** |  |
|  |
| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |