** DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Client 1** |
| **Name** |  |
| **DOB** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **Address** |  |
| **Post Code** |  |
| **GP Name****GP Address****GP Contact Number** |  |
| **Are you on any relevant medication?** |  |
| **Where did you find out about me?**BACP, Counselling Directory, Google, Website, Recommended, Instagram, Facebook etc |  |
| **Suicidal Thoughts**Have you ever had suicidal thoughts or attempts, if yes, please explain when and how often this has happened or happens. |  |
| **Are you seeking support from any mental health services? Do you have a CPN or MHN?** |  |

** DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client 2 (If attending Couples Counselling)** |
| **Name** |  |
| **DOB** |  |
| **Email Address** |  |
| **Contact Number** |  |
| **Address** |  |
| **Post Code** |  |
| **GP Name****GP Address****GP Contact Number** |  |
| **Are you on any relevant medication?** |  |
| **Where did you find out about me?**BACP, Counselling Directory, Google, Website, Recommended, Instagram, Facebook etc |  |
| **Suicidal Thoughts**Have you ever had suicidal thoughts or attempts, if yes, please explain when and how often this has happened or happens. |  |
| **Are you seeking support from any mental health services? Do you have a CPN or MHN?** |  |