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

|  |  |
| --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **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?** |  |