



Counselling Registration Form

Your Information:

Name:

Contact Tel:

Email:

Address:

Postcode:

Age:

(If filling this form in for someone else, please provide the below)

Client Name:

Relationship With Client:

Doctors Contact Details:

Name:

Telephone Number:

Address:

Postcode:

Emergency Contact:

Name:

Telephone Number:

Medication:

Do you take any medication? If so, which?

Have you had counselling previously?

Yes / No

How was your experience, what did you like / dislike about it?

Anything Else:

Is there anything else that you think is important for our counselling session(s)?

Your Feedback:

How did you hear of our services?