Therapy Care
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Client registration form

Please fill this in before your first session, whether or not we've spoken yet. Anything marked optional is up to you: share as much or as little as you like. We'll talk properly in our first session.

When you have, email a photo or scan of it to carey@therapycare.co.uk, or bring it with you.

You can also fill it in online at therapycare.co.uk/client-registration.

1. About you

First name

Last name

Name you'd like me to use (optional)

Pronouns (optional)

Date of birth
I work with adults aged 18 and over.

Mobile number

Email

How would you prefer me to get in touch? (optional)
Tick all that are OK. I'll only ever give my name, never what it's about.

☐ Phone call ☐ OK to leave a voicemail ☐ Text message ☐ WhatsApp ☐ Email

Address

Town or city

Postcode

2. Emergency contact and GP

I'll only contact these people if I'm seriously worried about your safety, and wherever possible I'll talk to you first.

Emergency contact name

Their relationship to you (optional)

Emergency contact phone number

GP surgery name

GP surgery address

Town or city

Postcode

3. Your counselling

Everything in this section is optional.

How would you like to have sessions?

☐ In person ☐ Online ☐ Telephone ☐ Not sure yet

When are you usually available?
For example, weekday afternoons, or after 5pm on Tuesdays.

What's bringing you to counselling?
A line or two is plenty.

Have you had counselling or therapy before?

☐ Yes ☐ No ☐ Prefer not to say

If you have, what did you find helpful?

And was there anything that didn't work for you?

Are you currently having counselling or therapy with someone else?
I'm not able to work alongside another counsellor or therapist. If you are seeing someone, please still fill in this form and we can talk it through before we start.

☐ Yes ☐ No

Any health conditions, medication or other support you'd like me to know about?
For example, support from your GP or a mental health team.

Is there anything else you feel is important for me to know?

4. Nearly done

How did you hear about me? (optional)

☐ Google search ☐ Google Maps ☐ BACP Directory ☐ Counselling Directory ☐ Psychology Today
☐ Facebook or Instagram ☐ Recommended by a friend or family member ☐ GP or another professional
☐ Other

If other, please tell me where (optional)

- [ ] I've read and agree to my counselling agreement with Carey Webb, including the limits to confidentiality.
- [ ] I agree to Carey Webb using these details to arrange and provide counselling, as set out in the privacy notice.

Signed	Print name	Date

This form isn't checked for urgent messages.

Need help right now? If you're in crisis or worried about your safety, call 999 or go to A&E. For urgent mental health support, call 111 and choose the mental health option (in Northern Ireland, call Lifeline on 0808 808 8000), or call Samaritans free on 116 123, any time.