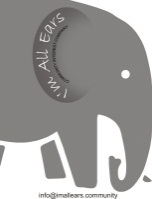
**I’m all ears**

**ASSESSMENT FORM**

Please provide the following information and answer the questions below. Please note; Information you provide here is protected as confidential information as detailed within the counselling contract, by signing the form you are agreeing to us keeping this form in a secure place and to contacting you via the given personal information. Please Fill out this form and bring it to your first session.

**GENERAL INFORMATION**

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| **Name:**  **Address:**  **DOB: Age: Male/Female/Other**  **Ethnicity:**  **Home Phone: Mobile:**  **Email:**  (email is not considered to be a confidential)  **Contact preference: email/ text/ voice call/ voice message**  (please delete those not suitable)  **Counselling preference : face to face/ Zoom/ WhatsApp/ Telephone** please delete those not suitable)  **Availability : morning/ afternoon/ evening**  **How did you hear about our service.**  **Name of Parent/Guardian if under 18 years:** |

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| **Do you have children?**  **Do you have any other dependents?** |

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| **Name of Doctor:**  **Address:**  **Phone number: Date last seen:**  **Current Health:** |
| **Prescribed Medication:**  **Previous Health:**  **Have you had any previous therapy, or attended any support groups?** |

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| **Please highlight those things that have brought you here today:**   1. Depression 2. Relationships 3. Bereavement 4. Low mood 5. Anxiety and Worry & fears 6. Traumatic incident 7. Addiction 8. Life changing events 9. Illness of you or other 10. Finding it hard to cope 11. Other: please do explain other in the space below: |

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| **Are you or have you ever experienced overwhelming sadness, grief or depression?**  **Please tell me a little about it?** (When? For how long?)  A**re you or have you previously experienced anxiety, panic attacks or have any phobias?**  **Please tell me a little about it?** (when? For how long?) |
| **Is there anything else you feel we should know, or that you are concerned about?** |

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| **I’m all ears funding**  **I am happy to pay £30.00 per session.**  **If you are unable to pay please donate what you can, no amount is too small. This helps pay it forward for other members of the community** |

Client name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_