**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_