

FREEFLOW COUNSELLING SERVICE – CLIENT ASSESSMENT SHEET

DATE OF REFERRAL:

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| Full name:  Address:  Postcode:  Tel No:  Message ok? | Reason for seeking counselling: |
| Date of birth: | Male Counsellor Female Counsellor Either |
| No of children:  Ages: | Is there any day/time when you cannot access counselling? ***Please be aware that this will impact on how long you may wait for an appointment*** |
| Employment status  Employed: YES NO  ***If yes:***  Employed FT  Employed PT  Retired  Unable to work illness/disability  FT home maker/carer  FT student  Unknown  If unemployed, date unemployment started:  Are you receiving:  ISA/Income Support/Incapacity Benefit? | Have you had any suicidal thoughts in the past 3 months or made any attempts to end your life?  YES NO  Detail:  Disabled: YES NO  Details:  Ethnicity:  Gender:  Religion:  Where did you hear about Freeflow Counselling? |
| **NHS Number:**  **GP Name:**  **GP Adress:** | ***OFFICE USE ONLY***  ***Date of 1st session***  ***Name of counsellor assigned to referral:*** |
| ***Please use this space for any extra information you feel we may need*** | |