

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 statusEmployed: YES NO ***If yes:***Employed FTEmployed PTRetiredUnable to work illness/disabilityFT home maker/carerFT studentUnknownIf 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 NODetails: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***  |