

**New Client Form**

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| Title: |  |
| First Name: |  |
| Surname: |  |
| Nickname/Name you would like me to use: |  |
| Date of Birth: |  |
| Contact Number: |  |
| Email Address: |  |
| Home Address: |  |
| Emergency Contact Details: |  |
| Have You Had Any Counselling Previously? |  |
| If so, how did you find it? |  |
| Have you ever thought about, planned or tried to hurt yourself? |  |
| Do you have any physical or mental health conditions I should be aware of? |  |
| What Format Are You Looking for?Face-to-Face, Video Call (Zoom Skype etc), Telephone or a mixture of any of these: |  |
| When Are You Available for Sessions? |  |
| In your own words, what is it you are looking for from counselling? If you are not sure yet that’s fine. |  |