



Counselling Assessment

This assessment form is to enable the counsellor to gain a better understanding of how to help you. Please take time to answer all the questions as honestly as possible.

Name:	Date of Birth:
Address:	
Telephone Number: Can a counsellor leave a message on this number?	
Have you had any previous psychiatric treatment or counselling? Was it helpful and if so, in what way	
GP/Practice/Surgery Name: Address: Surgery Telephone:	
Have you any objection to me speaking by telephone to your GP if it becomes necessary at any time during the counselling?	
Emergency contact details:	

If you are receiving any medical treatment or taking medication prescribed by your GP please give the details e.g. name and dosage:

What has brought you to seek counselling?

What are you hoping to achieve from counselling?

Where did you hear about this service?

BACP Counselling Directory Google Search Recommendation
Instagram Website Facebook Other:

I understand that in order for Counselling Leigh on Sea to work with me, they may need to keep this record of my contact details, emails and text messages. I give permission for these to be held for up to 6 months after our last contact.
Counselling Leigh on Sea will only use this information in the context in which it was provided and at the end of 6 months all details will be deleted.

Signed:

Date: