



## Initial information form

For adult clients.

Please fill in as much as you can. If a question doesn't apply, or you'd rather talk about it in person, leave it blank.

Everything you write here is confidential. It is stored securely, seen only by me, and kept for the minimum time required. Some questions are personal, and you do not have to answer all of them. Nothing here commits you to anything. We will talk it all through together before any sessions are arranged.

### Your details

Full name

Name you prefer to be called

Date of birth

Pronouns (if you'd like me to know)

Address

Telephone

Email

How would you prefer me to contact you?

☐ Email

☐ Telephone

☐ Either

Is it alright to leave a voicemail?

☐ Yes

☐ No

GP surgery

Emergency contact: name, relationship and telephone number

*I would only use this in the circumstances set out in the counselling agreement.*

### What brings you here

What has brought you to counselling, and why now?

How long has this been going on?

What have you already tried? Has anything helped?

What would you like to be different?

Have you had counselling or therapy before?

☐ Yes ☐ No

If so, when, and how did you find it?

## How things are at the moment

*Tick anything that applies, and add a note underneath if it would help.*

☐ Anxiety or worry

☐ Low mood

☐ Anger or irritability

☐ Sleep

☐ Eating

☐ Relationships

☐ Concentration

☐ Confidence

☐ Work or study

☐ Energy levels

☐ Physical symptoms

☐ Withdrawing from people

Anything you'd like to add

## Health

Any medical or mental health conditions or diagnoses I should know about

Any medication you are currently taking

Is anyone else currently involved in supporting you?

☐ Yes ☐ No

For example your GP, a psychiatrist, a support worker or another therapist. Names and contact details where you have them.

May I contact your GP or another professional if it would be helpful?

☐ Yes ☐ No

*I would always ask you again, and tell you beforehand, before contacting anyone.*

The next question is a difficult one to be asked, and I am sorry to ask it in writing. I ask everyone, because knowing early means I can make sure the right support is in place from the start. If you would rather tell me on the phone instead, please leave it blank and we will talk it through.

Are you currently having thoughts of harming yourself, or have you in the past? If so, is anything in place to help keep you safe?

## The people around you

Who do you live with?

Who do you turn to when things are difficult?

Is there anything significant going on at the moment, such as a bereavement, a separation, illness, caring responsibilities or money worries?

## At your best

*I ask about difficulties for obvious reasons, but this part matters just as much.*

What do you enjoy, and what are you good at?

What helps, when things are hard?

## Practical

How would you prefer to meet?

☐ In person, near Yeovil

☐ Online by video

☐ By telephone

Which days and times would suit you?

Is there anything else you think it would help me to know?

## Signature

Please sign to confirm that the information above is accurate as far as you know, and that you are happy for me to hold it as described in the privacy notice. Typing your name has the same effect as signing by hand.

### Client

Signed (type your full name)

Date

Thank you for taking the time to complete this. Please return it to [hello@claire-counselling.co.uk](mailto:hello@claire-counselling.co.uk), or bring it with you to the first session. If anything raised questions, or was difficult to write down, do say so when we speak. It is often more useful discussed than written.