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REGISTRATION FOR COUNSELLING/PSYCHOTHERAPY

Name:	Address:
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Date of Birth:	Tel. Home: Tel. Mobile: Email:
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How did you hear of me?

What is your present occupation?

Are you married or living with someone?

Have you had any form of counselling, psychotherapy or psychiatric treatment before? Please give details.

How is your health at present? Please mention any symptoms or complaints.

Do you take any drugs or medication regularly?

Have you had any serious illnesses, operations or accidents? Please give details.

Have your parents or close relatives had any serious physical or mental issues?

Please say as much as you wish about yourself and why you would like to access therapy at this time.

Cancellation of sessions:

In the event of my cancelling a session I understand that the full fee will be charged unless one week notice is given and the fee needs to be paid before the following session can be booked.

Signed:

Date: