

Jan Grant's Counselling Intake Form

Please print out this form and bring it to your first session. Information you provide here is held to the same standards of confidentiality as our therapy. If you have any questions, please ask!

1. **Date:** __/__/__

2. Contact Details

Name	
Address	
Phone	
Mobile	
Email	

3. **Date of Birth:** __/__/__

4. Employment

If you are working, what sort of work do you do?

5. Emergency Contact

Do you wish anyone to be contacted on your behalf in case of an emergency?

Yes ☐ No ☐ If yes, please provide their name and phone number:

Name:

Phone:

6. Previous Counselling

Have you previously had counselling?

Yes ☐ No ☐ If yes, are there any comments you would like to make about that previous experience?

7. Medical Conditions

Please list any current medical problems you are having treatment for, and/or medications you are taking.

(Note: This is just for my reference in case any emotional symptoms you are having could be related to a physical problem)

8. Reason for Counselling?

What would you say is the main reason for seeing a counselor today?

9. Referral

How did you hear about Jan Grant's Counselling? Who referred you to me?
