

## Counselling/Psychotherapy Client Intake Form

PRIVATE AND CONFIDENTIAL

I give my consent for the attached personal information to be held on a database in accordance with the Data Protection Act.

I understand that this information will only be used in conjunction with the counselling and psychotherapy service of jakedictotherapy and will not be given to any other person or organisation without prior consent.

Signature:

Date:

### Your Details:

Name:

Address:

Date of Birth:

Gender :

### Contact Details:

Home Phone:

Work Phone:

Mobile:

Email:

### Note:

*Once you have filled all your details and signed the consent form, please continue to answer the questions below. Your answers will be helpful our sessions.*

*Thank you.*

Please answer the following questions. If however, you feel you are not ready to answer any or all of them, please do not feel obliged to.

A. What are the reasons why you feel the need for counselling/psychotherapy?

B. Have you ever had counselling or psychotherapy before?

C. Is there anything that you enjoy about your life?

D. What do you want to gain from coming to counselling / psychotherapy?

E. If there is anything further that you would like to add that is not covered by my questions above, please feel free to do so.