**Client details form**

|  |
| --- |
| Name: |
| Date of Birth:  |
| Address:  |
| Contact Number:  |
| Email Address:  |
| How would you Prefer to be Contacted? Circle: Email, Text, Telephone |
| Is it OK to Leave a Voicemail?  |
| GP DETAILS Surgery Name (include GP’s name if you have a doctor who sees you regularly): Surgery Telephone No: Address:  |
| Current/Previous Medication for Mental Health (including dose):  |
| Medical Conditions:  |
| Emergency Contact (someone who knows you are attending counselling): |
| Name & Contact Number:  |
| Relationship to You:  |
| How did you hear about Nightingale Counselling? |

For Office Use Only:

…………………………….