**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:

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