

Appointment Request Form

|  |  |
| --- | --- |
| Your Name |  |

|  |  |
| --- | --- |
| Phone |  |
| Email |  |
| GP Surgery |  |
| Emergency Contact |  |

|  |
| --- |
| Please give a brief outline of your reasons for coming to counselling |
|  |

Please X the main issues affecting you

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship Separation |  | Self-Harm |  | Work-related issues |  |
| Bereavement |  | Abuse in the Family |  | Physical Health issues |  |
| Chaotic Family Life |  | Abuse (of any kind) |  | Low Self-Esteem/Resilience |  |
| Sexuality |  | Drug/Alcohol Use |  | Trauma |  |
| Low Mood |  | Anxiety |  | Loss |  |
| Carer for a family member |  | Attachment Issues |  | Can’t Regulate Emotions |  |
| Isolation / Loneliness |  | Neglect |  | Conflict (of any kind) |  |
| Bullying |  | Diagnosed Depression |  | Other |  |

It helps me to know your availability during the week.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Tuesday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Wednesday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Thursday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Friday | Morning (10-12.30) |  | Afternoon (1.30-4) |  | Evening (4.30-7pm) |  |
| Saturday | Morning (10-12.30) |  | Afternoon (1.30-4) |  |  |  |
| Sunday | Morning (10-12.30) |  | Afternoon (1.30-4) |  |  |  |

|  |  |  |
| --- | --- | --- |
| I understand that HSD will pay for me to have 6 sessions, after that I can continue with the counsellor at my own expense. | £40 per session | Y/N |

|  |  |  |
| --- | --- | --- |
| Counselling will be provided online via Zoom | Y/N |  |

In line with GDPR we must inform you that the information we hold on you will be the following:

* This Appointment Request Form
* Counsellors session notes
* If we have any concerns regarding your safety, we will notify you and perhaps raise a letter of concern form that could be passed to your GP or the police. You will be given a copy of this form.
* Your counsellor may use your mobile number to communicate with you about your appointments. Their number will be deleted as soon as their counselling comes to an end.
* Our organisation must keep client files while you are receiving therapy, they will be destroyed 7 years after you finish counselling with us.

|  |  |
| --- | --- |
| Are you happy with the above? | **Yes / No** |

To encrypt this document for secure emailing, click ‘File’ (top left), ‘Info’ (4th down from left), ‘Protect Document’ (box to the right of info), ‘encrypt with password’ (second down).

Type in your surname as password.

Thank you