

Please return this questionnaire to the above address asap, along with your cheque for £30.00 made payable to Berkshire Counselling Centre. Completion of the questionnaire is optional but whatever information you are able to provide will be helpful to the assessment process.

Name: Address: Phone Home: Phone Work Mobile	
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What is your age Date of Birth

Are you (please tick box)

Single In Relationship with Partner Married Divorced Partner Deceased

What is your occupation*

*If unemployed or retired, please state what occupation you have held during the last 10 years.

Family: Please list members of your household (eg children, brothers, sisters, parents, partner)

Why do you want counselling at this time? Please state reasons.

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Have you had any counselling, other therapy or psychiatric treatment in the past? If so, please give details.

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Please provide the name and address of your GP

Do you have any health problems at present? If so, please give brief details.

Are you on any medication for any condition? Please say what this is.

It will help us if you could give us some information about your family tree.

	Occupation	Present Age	Age at Death	Your Age at that time
Father				
Mother				
Brothers/Sisters				

Please tell us something about your childhood

If there are any other factors of your life which you consider important, or you would like us to know, please write them below

Thank you for completing the questionnaire. Please return it in the envelope provided. We will be in touch with you shortly to arrange an assessment appointment.

Please tick your availability

	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>
AM					
PM					
Eve					