



RELATIONAL WELLBEING

Counselling and Psychotherapy

All self-referring clients attending assessment must complete this form. This does not imply your agreement to continue with sessions. If you decline to take up counselling / psychotherapy here, then this form will be immediately destroyed. If you decide to commence with sessions then this form is stored securely by myself and remains private unless confidentiality is broken due to exceptional circumstance (see other side).

Cancellation Policy

Sessions are still payable when cancelled with less than **48 hours' notice**. All efforts will be made to reschedule a cancelled/missed session to enable maintenance of weekly sessions but where this cannot be accommodated, the missed session is still payable.

YOUR CONTACT DETAILS			
Full name:		Contact phone no:	
Emergency contact:		Email address:	
Preferred method to contact you by: <input type="checkbox"/> Email <input type="checkbox"/> Telephone			
YOUR PERSONAL DETAILS			
DOB:		Gender:	
Occupation:			
Address:Post Code.....		
YOU AND YOUR PARTNER			
Relationship status:		Relationship length:	
Partner's age:		Partner's gender:	
Partner's occupation:			

YOUR MEDICAL DETAILS	
Current medication(s):	
Current GP name:	
GP's address:	<p>.....</p> <p>.....Post Code.....</p> <p>.....</p>
GP's contact number or email address:	

Informed Consent

I, the above named, hereby give my therapist permission for disclosure of information only in the following circumstances:

- 1 – *Medical emergencies*
- 2 – *In line with confidentiality as a duty of care, as outlined by BACP regulations*

Fee rate is £_____ per session, payable on the day in person, unless agreed differently.

How did you hear about Relational Wellbeing?

Please circle:

- Google
- Counselling Directory | BACP | Psychology Today
- Friend/colleague
- Local Marketing
- Social Media: Facebook | Instagram | Twitter | Nexdoor | Tumblr | LinkedIn
- Other (please specify).....

Client signature		Therapist signature	
Client print name		Therapist print name	Martin Dewberry
Date		Date	

*By signing this form, you give your permission for your GP to be contacted in emergency situations