*Please note: These details are kept confidential and are retained in accord with best practice and the code of ethics of the British Association of Counsellors and Psychotherapists (BACP).*

CLIENT DETAILS

**Name**

**Address**

**Contact Phone Number**

**Email**

**Date of Birth**

**GP and Surgery**

**Presenting Issue**

CONTINUE ON A SEPARATE SHEET IF NECESSARY

**Previous Therapy / Psychotherapy / Psychiatric Treatment - when and length of time**

**Relationships**

**Sexual Orientation**

**Chronic Illnesses / Significant Injuries or Illnesses**

**Current Medication**