

# Stress Management & Counselling Services



<b>Client Details</b>	
Surname	Title: Mr Mrs Ms Miss Other <i>(please Circle)</i>
Forename	
Address	
Postcode	
Day Time Telephone No.	Evening
Mobile	Email address
DOB:	Age
Social Status:	Single Married Separated Divorced <i>(please Circle)</i>
Lives alone	Yes/No Lives with
Employment Status: <i>(please Circle)</i> In work/job	
Hours of work	
Sick leave	Unemployed Retired
GP Name	Tel No
GP Practice Address	
Postcode	
Reason For Self Referral	
Expectations	
Brief history (Diagnosis/Medication):	
Other Treatments/Interventions	
How did you hear about me?	
Referral Date	First Appointment
Final Appointment	Total No of sessions