

Bespoke Counselling Services assessment form

Personal Information

Name..... M F O

Date..... DOB .....

Legal guardian (If under 18).....

Address.....  
.....

Home phone..... Mobile.....

Work phone..... Email.....

How would you prefer to be contacted.....

Can we leave a message.....

Next of kin / Emergency contact.....

Address.....  
.....

Phone..... Relationship.....

Doctors  
information.....  
.....

Occupation.....

Religion.....

History

Are you under a doctors care?.....  
.....

Are you currently taking any medication?.....

Have you had counselling or psychotherapy before?.....  
.....  
.....

Have you ever considered/ attempted suicide?.....  
.....

