

**Intake Assessment**

If there are any questions in this intake form which you feel uncomfortable answering, please contact me so we can have a chat about this before the first session. Submitting this form means that you are also agreeing with the Data Protection and Privacy Statement which accompanied this form in the email.

**Personal information**

Date:	Title: Click or tap here to enter text.
First Name: Click or tap here to enter text.	Last Name: Click or tap here to enter text.
Marital Status: Click or tap here to enter text.	Date of Birth: Click or tap here to enter text.
Is there anything you would like me to know about your gender preference or sexual identity before our first session?:	Click or tap here to enter text.
Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
Town:	Click or tap here to enter text.
County:	Click or tap here to enter text.
Postcode:	Click or tap here to enter text.
Mobile: Click or tap here to enter text.	
Can I leave a message on your mobile?	Click or tap here to enter text.
Email Address:	Click or tap here to enter text.

**In case of Emergency**

Name of who I should contact in an emergency?	Click or tap here to enter text.
What is their relationship to you?	Click or tap here to enter text.
Their mobile number:	Click or tap here to enter text.

Please continue on page 2

Private & Confidential

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### GP Details

Name of Surgery	Click or tap here to enter text.
Address	Click or tap here to enter text.
Telephone Number	Click or tap here to enter text.

### Background Information

Are you currently seeing another Counsellor, psychiatrist or Community Mental Health Team?	Click or tap here to enter text.
Do you have a diagnosed mental health illness? If yes, please state.	Click or tap here to enter text.
Do you take medication for this illness? If yes, please state name of medication and dosage.	Click or tap here to enter text.
Have you ever attempted suicide? If yes, can you tell me when this was?	Click or tap here to enter text.
Are you currently having thoughts of suicide?	Click or tap here to enter text.
Do you now or have you ever self-harmed? If so, can you tell me when this was?	Click or tap here to enter text.
Have you had counselling or psychiatric treatment in the past?	Click or tap here to enter text.
Did you find it helpful?	Click or tap here to enter text.
What has brought you to seek counselling?	Click or tap here to enter text.
What are you hoping to achieve from counselling?	Click or tap here to enter text.

Thank you for completing the form. Please now email it to me at  
[sarah@counsellingleighonsea.co.uk](mailto:sarah@counsellingleighonsea.co.uk)