

# Assessment form

\*Essential information to be completed prior to the first session

\*\* Optional to complete prior to session or will be completed at the initial assessment session with your counsellor

Full Name*	
Address*	
Email address*	
Telephone number*	
Can messages be left Y/N	
Your GP Details*	
Current medication* (e.g. anti-depressants/sleeping pills)	
Family circumstances – who you live with**	
Brief outline of why you have decided to seek counselling at this time**	
Brief history of any past mental health issues**	
Previous counselling experience**	
Your support network**	
Alcohol and drug use**	
Who to contact in case of emergency and your relationship to this person**	