

CLIENT SELF-ASSESSMENT

Name:	
Date of Birth:	
Address:	
Preferred Contact Number:	
Email Address:	

The aim of completing a counselling assessment is to help you and your counsellor make an informed decision about beginning a counselling relationship. In addition, it is helpful for the counsellor to understand more about what is going on for you, and what it is you'd like to achieve through counselling.

All information you record on this form, and everything you discuss with Health Assured or your counsellor will be kept in strict confidence. No information is shared with your employer. The only time we share any information is if we become concerned that there is a serious risk of harm to you or to other people. We will always discuss our concerns with you before making a disclosure.

This assessment is an important first step in your counselling. Please complete this form as fully and honestly as possible, so that we can understand your needs, and determine the best way to help you.

Main presenting issues?	
What do you hope to gain from counselling?	
How will you know you've attained your goals in counselling?	
Have you had any thoughts about harming yourself in any way?	

Who is it that you're able to talk to about what's on your mind?	
What do you enjoy doing to relax? (E.g. hobbies, interests)	
Do you drink alcohol, or do you use any non-prescription drugs?	
Please provide details of any prescription medication you are taking:	
Please provide details of the GP surgery you are registered with:	
When would be best for you to have your counselling sessions? (E.g. day of the week, time of day)	
Preference for a male or female counsellor	
Do you have any special needs, accessibility issues or physical impairments that we need to be made aware of?	

Cancellation process: Any cancelled sessions will need a minimum of 24 hours' notice

Please return this form to counsellingadvice@healthassured.co.uk