

Simple Client Record

Date of completion:

Personal Details – all clients

First name:	
Last name:	
Home address:	
Date of birth:	
Occupation:	
Telephone: (check safe)	
Email: (check safe)	

Check safe means you should be sure that you provide a number/email that would be safe for me to contact you on.

Additional Details – not required for Coaching only

Have you ever had, or are you currently having, any psychotherapy or counselling?

If yes, where & when?

Was it beneficial for you?

Have you ever had a psychiatric assessment or diagnosis (if yes, please provide details below)?

What is your main reason for seeking help now?

Is there any other information you would like to provide which you feel is necessary and will assist me in working with you?

Do you take any prescribed medications? If so for what condition(s)?

Have you experienced any trauma or serious accidents in the past 18 months?

If so, please provide details: