***Suzie White***

*Registered MBACP*

*07401 331521*

*suzie.white@dovetailcounselling.co.uk*

***Dovetail Counselling Service***

*6 Stafford Road*

*Caldicot*

*Monmouthshire*

*NP26 5DE*

**Couples Pre-Counselling Form**

Please take your time when answering the questions. Your work will be enhanced when each of you completes these separately, thoughtfully, honestly and you do not talk about the answers with each other. Feel free to go onto additional pages if necessary and if you could return them separately to me. You will be asked to talk about your answers in our sessions, but your partner will not be shown this form.

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| --- |
|  Name:  Date:  |
|  Occupation:  Date of Birth:   |
| Home Address: |
|  Email Address:  Mobile: |
| GP’s Name and Surgery Address:  |
| Medication: |
| How did you find out about ‘Dovetail Counselling Service’? |
|  Details of school life, how much you enjoyed it and qualifications: |
| Family of origin: |
| Previous relationships: |
| How long have you and your partner been together? In what form? (i.e., dating, living together, married, children): |
| Major life events: |
|  What do you see as the problems that bring you to couples counselling? |
|  Any previous experience of counselling or professional involvement, either individually or as a couple? |