

***Suzie White***

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***Dovetail Counselling Service***

*6 Stafford Road*

*Caldicot*

*Monmouthshire*

*NP26 5DE*

Pre-Counselling Form

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| Name:  Date of Birth: |
| Occupation:    Date: |
| Home Address: |
| Email Address:  Mobile: |
| Emergency contact (for medical emergency only)  Name & phone:  Relationship:    Do I have permission to contact this person in event of emergency? Yes or No? |
| GP’s Name and Surgery Address: |
| Medication: |
| How did you find out about ‘Dovetail Counselling Service’? |
| Please give a brief summary of the reasons that you are seeking counselling: |
| Any previous experience of counselling or professional involvement: |