***Suzie White***

*Registered MBACP*

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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: |