

HITCHIN COUNSELLING SERVICE

07783 887 772

hitchincounsellingservice@gmail.com

Application Form

To help us to provide the best possible service for you it is important that you reply as fully as possible to the questions in this form. When you have completed it, please then return the form, together with any letter. To

The Administrator
Hitchin Counselling Service
The Health Centre
Bedford Road,
Hitchin SG5 1HF

We understand that it may be difficult to put your thoughts in writing but at least a paragraph of background information would be helpful before you meet with one of the counsellors. If you feel there are special reasons why you are unable to do this, please tell us why.

NAME.....Date of birth.....

ADDRESS.....

.....

PHONE NO.....

Can HCS leave messages on this number?

MOBILE NO

Can HCS leave messages on this number?

EMAIL

PLEASE GIVE DETAILS OF:

* Important relationships past and present, including partners, family, children, friends and anyone who has been especially important to you.

* Do you know any one currently using the service?

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* Your work past and present.

* Details of current or most recent occupation.

Please outline why you are seeking counselling now (continue on another sheet if necessary).

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* Have you had any previous experience of counselling or psychotherapy? Please give details.

* Have you consulted your doctor about your present problems?

* Any other medical history we should be aware of?

* Please list any medication you are taking.

* Anything else we should know?

* Please tell us how you heard of Hitchin Counselling Service.

The Hitchin Counselling Service does not usually accept people for counselling where there is a history of violence, a recent suicide attempt, a sexual offence, a history of psychosis, or current drugs or alcohol misuse.

Signature

Date