



**Initial Therapy Form**

The information is requested to help us both determine the focus of our sessions.

It will not be used outside in any way that identifies individuals. All the information you provide is covered under the terms of the Data Protection Act 1998.

<b>Today's Date</b>			
<b>Surname</b>		<b>First Name</b>	
Gender		Date of birth	
Nationality		Ethnicity	
<b>Status:</b>		<b>Employed? (what do you do?)</b>	
Address:		Postcode:	
Tel no:		Mobile:	
Email address:		Best way to contact you?	
Who lives at home with you?		Any disabilities?	
What kind of support / network do you have? (eg. friends / family/ outside interests]			
Brief description of presenting issue(s):			
<b>Do you eat regular, balanced meals?</b>		<b>How is your sleeping?</b>	
<b>Alcohol – how many units (approx.)?</b>		<b>? Are you a smoker? (how many per day?)</b>	
<b>Referral:</b> Who suggested that you came to see a counsellor? No-one (self-referral) / Friend / GP / Family member / Partner / Spouse			
<b>Name of Doctor</b>		<b>Medication</b>	



*Malmesbury Therapy*  
Website: <https://malmesburytherapy.co.uk>  
Email: [info@malmesburytherapy.co.uk](mailto:info@malmesburytherapy.co.uk)  
Tel: 07920 763238

Other help you have used previously or currently for related issue(s):	Previously	Currently
GP		
Counsellor / Psychotherapist		
Hypnotherapist		
Psychologist		
Psychiatrist		
Other kind of specialist help		

The information given here will help me to understand your needs better. Please answer in your own words and write as much as is comfortable. This information will be treated confidentially. Please note that if I feel what I offer is not appropriate, or that your needs are different from what I am able to offer, I will recommend or refer you to someone who can help you with your consent.

**1. Your reasons for seeking help.**

Please describe what has led you to seek help now. How long has this been a problem -- and what other help have you had? Have your current difficulties affected your health, physically and/or emotionally?

**2. What Outcome are you hoping for?**

We understand that everyone wants to 'feel better', but write down how you hope things would be different if the difficulties were resolved.

**3. What do you specifically hope for from me?**

Therapy is a two-way process. Sometimes as we talk, and it is reflected back in a non-judgemental supportive way, things can move towards resolution. How can I specifically help you?



4. On a scale of 1 - 10 (with 10 being most serious), how seriously is this affecting you?

**5. Coping**

How have you been coping with this problem until now?

How are you coping with life in general? (e.g. family / relationships / work)

What support do you have in your life? (e.g. family, friends, College, social activities)

Do you have any other difficulties with substance misuse or other problems? (self harm/eating disorders) (Sorry if not applicable but this question needs to be asked!) Write N/A if not applicable.

At your worst, do you ever feel like harming yourself or others? (similar to above!)

**6. Can you identify any way in which you might be maintaining the problem?**

Sometimes our ingrained habits may have led to the current situation without realising it – unconsciously or even consciously

**7. Background**

If it seems relevant, please give any ideas you may have had about the origin.

**8. Is there anything else that you think is important which you would like to say?**

**9. Where did you find me and what made you choose me as your Therapist?**

Therapy is offered under the terms of service as laid out on my website and in the Terms of Service leaflet enclosed within the documents. Please type your name below to signify your acceptance of counselling offered on this basis.

Signed (or type name)	<input type="text"/>	Date
-----------------------	----------------------	------