

FOR OFFICIAL USE ONLY Registration Number : Q
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CONFIDENTIAL

We are providing this form so that you can give us some details about your life that will help us to understand your problems more fully. Having this information is very helpful to us, and means we will not need to ask you quite so many questions at the first meeting. So that session will be more like any therapy which may follow. Please do not feel that you have to complete the whole of this form, though we do request that you complete the practical details on this page and let us know your availability.

IMPORTANT To safeguard confidentiality, we ask you not to enter your name on this form. Before posting it, please telephone us on 0161 445 2099, give the Service Administrator your name, request a confidential registration code and enter it below:

Your confidential code _____

Telephone no. at work _____ **Home:** _____
(absolute discretion will be used)

Date of birth: _____ **Age:** _____

Nationality: _____ **Place of Birth:** _____

GP's name: _____
and address: _____

Please tick as appropriate:

Does your GP agree with your seeking therapy here? Yes No Doesn't know

How will you fund your treatment? Self-funding/other Medical insurance

Please give details _____

How did you hear of our service (eg web)?
Please specify site etc _____

Please indicate if there are days when you would find impossible to attend at Hampden House: Sun Mon Tues Wed Thurs Fri Sat

FAMILY BACKGROUND

Details of your family in order of age, siblings and yourself, including step-relationships	Age now or at their death	If dead, your own age when he/she died	Occupation
FATHER			
MOTHER			

ARE YOU single/engaged/livingwith/married/separated/divorced/re-married/widowed?

CURRENT PROBLEMS

Could you please note the main problem or problems which you are experiencing at the moment? (There is space to provide more detail later in the form.)

CURRENT SATISFACTION

Which areas in your life give you most satisfaction or pleasure?

Please indicate the main interests, hobbies and activities you follow in any spare time

THERAPY

Have you had any psychotherapeutic help in the past? If yes, please comment on the degree of benefit.

Have you had any psychiatric treatment? Please give details and any comments you wish to make.

Would you please detail the difficulties in your life for which you are seeking therapy.

CHILDHOOD

Could you tell us something about your childhood including any changes, separations or deaths in the family that you experienced?

EDUCATION

Please give a brief summary of your education, including part-time or evening classes.

Age		Type of school, college etc	Subjects which you preferred	Standards reached
From	To			

What did you like about your school days?

What did you dislike about your school days?

EMPLOYMENT

Please give brief details of your present and previous employment

Name of company	position held	from	to
Present			
2			
3			

HEALTH

Please comment on your physical health.

Are you taking any medication?

Have you had any serious illness or accidents in your life?

PRESENT HOME LIFE

Could you tell us about your home life? Please indicate important relationships and their duration.

Are there any problems in a present relationship? Please indicate

Do you have any children? Please give ages and sex

Are there any problems with the children?

Do you find your present home life difficult in any way?

Have there been problems in other relationships in the past?

Do you have any sexual problems?

How do you think we may be able to help?

Please indicate if there are problem areas which concern you but which you cannot bring yourself to write about. **YES/NO**

Please use this space for any other information that you think might be relevant.

Date