

Helen Nelson, MBACP
Harmony Counselling NI
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Strictly Confidential

Client Information:

Date: _____

Name: _____

Address: _____

Phone No: _____

Mobile No: _____

Email Address: _____

Date of Birth: _____

Sex: Male / Female

GP Details: _____

Employer/School Details: _____

Marital Status: Married Divorced Widowed
Single Separated Live with Partner

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Medical/Psychiatric History:

Prescribed Medication (Name, Dosage, Name of Prescribing Professionals)

Allergies/Adverse Reactions to treatment:

What do you see as your goals for counselling?

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