

Initial Consultation Form

Private practice at: 4 Loweswater Close, Warrington, Cheshire, WA2 9UZ

The purpose of this Initial Consultation Form is to gather information and to form a contract between you, the client, and myself Linda Hilditch, the therapist. This form is exclusively for our joint use and will not be shared with anyone else.

The services I will provide at the initial consultation session:

- * Review the information in this Initial Consultation Form.
- * Provide you with information and answer any questions on what counselling is.
- * Outline your future therapeutic sessions.

The initial consultation session (lasting about 40 minutes) is to explore your therapy requirements and how I might be able to help you. It is also an opportunity for you to ask questions about the therapy. Also the initial consultation session will enable you to consider a range of different perspectives on your situation and understand how it is affecting you.

You will be offered some initial ideas and strategies for managing your particular psychological challenges.

One of three outcomes is possible following your initial consultation:

- * We decide to start a number of therapeutic sessions;
- * You may decide not to continue with the therapy sessions; or
- * I may decide not to start counselling sessions with you.

Your personal information and responses in this Initial Consultation Form are fully confidential and will be held in accordance with the Data Protection Act.

Personal Details

Surname: _____

Forename (s): _____ Title: _____

Address: _____

Postcode: _____

Date Of Birth: _____

Marital Status: _____ Children / Ages: _____

Occupation: _____

Telephone: Day: _____ Evening: _____

E-mail Address: _____

Doctors (GP): _____

Emergency Contact: _____

Case Information

Have you ever had any therapy treatment before? If yes, where & when? Was it beneficial for you?

What is your major reason for being here today?

How do you feel about your problem?

What would you like to improve?

What are your greatest concerns right now?

For you what would be the ideal solution?

How well do you sleep?

Do you suffer from (please circle): Depression Tension Anxiety Stress

How do the above affect you?

Is there any other information you would like to provide which you feel is necessary and will assist with your treatment:

What (if any) therapy, lifestyle or attitude changes have been partially successful in making you feel better?

Medical History

Are you on any medications? If so what is it for?

Relevant medical history:

Please state your physical wellbeing (0-100%): _____

Please state your mental wellbeing (0-100%): _____

Please read the following carefully:

- 1) I have been advised by Linda Hilditch the scope of the therapies she provides and give my full consent to receiving therapy sessions from Linda Hilditch. I understand that results vary from person to person, and the agreement by Linda Hilditch to work on the issues or problems presented by me, using whatever model or models are appropriate to my situation, in no way implies or guarantees a 'cure' of the said issues or problems.
- 2) I understand that therapy is not a replacement for medical treatment, psychological or psychiatric services. I also understand that Linda Hilditch does not treat, prescribe or diagnose any condition. I declare that, if advised prior to any session with Linda Hilditch to seek medical approval, I have consulted with my GP and or Hospital Consultant and gained the appropriate medical approval for working with Linda Hilditch.
- 3) I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability, and that contact between sessions will be strictly limited to telephone, email or letter.
- 4) I have accurately and truthfully answered the questions on this consent form and provided background information as requested by Linda Hilditch.
- 5) I understand that any MP3 download or CD is provided for me at Linda Hilditch's discretion. I agree that any such MP3 download or CD is for my personal use only and that it should not be lent, copied or sold under any circumstances.
- 6) Confidentiality is paramount and will be maintained in all but the most exceptional circumstances. I agree that these can include legal action (criminal or civil court cases where a court order is made demanding disclosure, including coroners' courts); child abuse; if I am in imminent danger to myself or others; and where there is a good cause to believe that not to disclose would cause danger or serious harm to others. Most standard of confidentiality applied in professional contexts are based on common law concept of confidentiality where the duty to keep confidence is measured against the concept of 'greater good'. The sharing of anonymous case histories with supervisors and peer-support groups is not a breach of professional confidentiality. The sharing of open case histories with supervisors and any referring NHS medical practitioner is also not a breach.



I agree to the terms stated in this document and agree that all information in this document is correct

Signed: _____
Print Full Name: _____
Dated: _____

Linda Hilditch, 4 Loweswater Close, Warrington, Cheshire, WA2 9UZ

4 Loweswater Close
Warrington
Cheshire
WA2 9UZ