

**Please print out, fill in and
send via email or bring to
your ECS assessment.**

Application Form for Counselling - Confidential

If known, please indicate the type of counselling applied for: (please tick) Individual ☐ Couple ☐

Full Name Mr/Mrs/Ms/Miss.....

Address: (Use Capitals)

.....

Telephone numbers: Home:..... Mobile:.....

Is it acceptable to you for us to contact you by telephone? Yes / No

How did you find out about this service?

.....

Although your initial assessment interview will be held during the day, we can usually arrange on-going counselling at mutually convenient times.

On which weekdays are you usually available for an assessment appointment?

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Could you let us know your reasons for seeking counselling:

Have you had any counselling/therapy before? (If so, please give some details here i.e. when, for how long, with whom)

Is there anything else you would like us to know?

It is useful for us to have some more personal details before your first appointment.

Please feel free to fill in as much or as little as you wish.

I am: Single / Married / Co-habiting / Separated / Divorced / Widow / Widower and have been for.....months / years

Date of Birth: D..... / M..... / Y.....

My occupation (paid or unpaid) Full / Part time

Family Members	First Name	Age	If deceased age when died	Your age at the time	Living with you now?
Father					
Mother					
Partner/spouse					
Siblings(s)					
Children					

Which ethnic group do you place yourself in?

Medical details

If you start counselling here, your counsellor will normally write a courtesy letter to your GP letting them know this, and asking if there is any reason why they think you should not do so. The counsellor would not communicate further with your GP without your knowledge, and we would like permission for them to write this initial letter. If you do not wish to give consent, it can be discussed during your first appointment.

Name and Address of GP

.....

I give ECS permission to make contact with my GP Yes / No

Are you at present receiving psychiatric treatment and/or medication? Yes / No

Please give details here:

If you are receiving psychiatric treatment, we must have your permission to contact your psychiatrist to confirm it is appropriate for us to offer you counselling. We cannot go further with this application without your permission. Please sign below.

Name of psychiatrist.....

Address

I give ECS permission to make contact with my psychiatrist Yes / No

I ENCLOSE £45 (non-refundable) Assessment Fee (Cheques made payable to Enfield Counselling Service)

Signed..... Date.....

Please return to: Enfield Counselling Service, St Paul's Centre, 102A Church Street, Enfield, EN2 6AR