

Newcastle Counselling

Client ID _____

This information is held in strict confidence and will not be disclosed without your consent.

DATE: ____ / ____ / ____

NAME: _____

D.o.b: ____ / ____ / ____

ADDRESS:

LANDLINE: _____

MOBILE: _____

EMAIL:

GP NAME:

GP Tel: _____

GP ADDRESS

Are you diabetic? YES / NO

Do you carry emergency medication (e.g. salbutamol or GTN spray)?

Please list any medication (over the counter as well as prescribed) that you take on the back of this page.

If there is anything else you think it would be helpful for me to know, please write on the back of this form.

Thank you.