



COUNSELLING REGISTRATION & ENQUIRY FORM

Thank you for your interest in counselling. This form provides some initial information about you and what you are looking for support with.

Please provide only the information you feel comfortable sharing at this stage. We can discuss more detailed information during an initial assessment.

1. YOUR DETAILS

Full name: _____

Preferred name: _____

Date of birth: _____

Pronouns (optional): _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Occupation (optional): _____

2. PREFERRED METHOD OF CONTACT

How would you prefer me to contact you?

- ☐ Email
- ☐ Telephone
- ☐ Text message



Is it safe and appropriate for me to:

Leave a voicemail? ☐ Yes ☐ No

Send a text message? ☐ Yes ☐ No

Send an email? ☐ Yes ☐ No

Are there any times or circumstances when I should NOT contact you?

3. COUNSELLING ENQUIRY

What has prompted you to seek counselling at this time?

How long have you been experiencing these difficulties?

What would you particularly like help or support with?

4. AREAS YOU WOULD LIKE TO EXPLORE

Please tick any that feel relevant:

- ☐ Anxiety
- ☐ Depression/low mood
- ☐ Stress
- ☐ Trauma
- ☐ Childhood experiences
- ☐ Relationship difficulties
- ☐ Separation/divorce
- ☐ Bereavement/grief/loss
- ☐ Self-esteem/confidence

- ☐ Shame/guilt
- ☐ Anger
- ☐ Loneliness/isolation
- ☐ Family difficulties
- ☐ Attachment/abandonment
- ☐ Abuse/toxic relationships
- ☐ Work-related difficulties
- ☐ Life transitions
- ☐ Identity/self-development
- ☐ Neurodivergence
- ☐ Spiritual/existential concerns
- ☐ Personal growth
- ☐ Other: _____

5. PREVIOUS COUNSELLING

Have you had counselling or psychotherapy before?

- ☐ Yes
- ☐ No

If yes, you may briefly describe when and whether you found it helpful:

Are you currently receiving counselling, psychotherapy or mental health support elsewhere?

- ☐ Yes
- ☐ No

If yes, please provide brief details if relevant:

6. COUNSELLING PREFERENCE

I am interested in:

- ☐ Individual counselling
- ☐ Relationship/couples counselling
- ☐ Online counselling
- ☐ Telephone counselling
- ☐ In-person counselling
- ☐ Not sure – I would like to discuss this



Preferred session frequency:

- ☐ Weekly
☐ Fortnightly
☐ Other: _____

Preferred days/times:

When would you ideally like to start?

7. ACCESSIBILITY & COMMUNICATION

Do you have any accessibility, communication, sensory or other needs that would help make counselling more comfortable or accessible for you?

- ☐ No
☐ Yes
☐ Prefer to discuss

Details:

8. GP INFORMATION

GP practice: _____

GP name, if known: _____

Practice telephone number: _____

Providing your GP's details does not automatically give your counsellor permission to contact your GP or access your medical records. Any routine contact with your GP would normally be discussed with you and appropriate consent obtained.

- ☐ I am happy for my GP details to be held securely as part of my counselling record.
☐ I would prefer to discuss this during my initial assessment.

9. EMERGENCY CONTACT

Name: _____

Relationship to you: _____

Telephone: _____

☐ I consent to these details being held securely for emergency purposes.

The circumstances in which an emergency contact may be used will be discussed as part of the counselling agreement.

10. IMMEDIATE SAFETY

This enquiry form is **not monitored as an emergency or crisis service**.

Are you currently experiencing concerns about your immediate safety or wellbeing?

- ☐ No
- ☐ Yes – I would like to discuss this
- ☐ Prefer not to answer on this form

Are you currently experiencing thoughts of seriously harming yourself or ending your life?

- ☐ No
- ☐ Yes
- ☐ Prefer to discuss

Do you currently feel unsafe because of another person's behaviour towards you?

- ☐ No
- ☐ Yes
- ☐ Prefer to discuss

If there is an immediate danger to you or another person, please use the appropriate emergency or crisis service rather than waiting for a response to this enquiry.

11. HOW DID YOU HEAR ABOUT MY COUNSELLING SERVICE?

- ☐ Website
- ☐ Google/search engine
- ☐ Psychology/counselling directory
- ☐ Social media
- ☐ Recommendation
- ☐ GP/health professional



- ☐ Another counsellor/therapist
☐ Previous client
☐ Other: _____

12. PRIVACY & DATA PROTECTION

The information provided on this form will be treated confidentially and stored securely in accordance with applicable data-protection requirements and my Privacy Notice.

The information will be used to:

- respond to your counselling enquiry;
- consider whether the service may be appropriate for your needs;
- arrange an initial assessment where appropriate; and
- support safe and appropriate communication with you.

If counselling does not proceed, information relating to your enquiry will be retained or deleted in accordance with the practice's Privacy Notice and data-retention policy.

☐ I confirm that I have read the Privacy Notice and understand how the information provided on this form will be used.

13. CLIENT DECLARATION

I confirm that the information I have provided is accurate to the best of my knowledge.

I understand that submitting this form is an **enquiry and does not establish a counselling relationship or guarantee an appointment.**

I understand that a more detailed assessment may be completed before counselling begins.

Name: _____

Signature: _____

Date: _____

FOR COUNSELLOR USE

Date enquiry received: _____

Initial contact made: _____

Initial assessment offered: ☐ Yes ☐ No



Assessment date: _____

Potential risk/safeguarding issue requiring follow-up:

☐ No ☐ Yes

Outcome:

- ☐ Initial assessment arranged
- ☐ Added to waiting list
- ☐ Further information required
- ☐ Referred/signposted elsewhere
- ☐ Client did not proceed
- ☐ Counselling commenced
- ☐ Other: _____

Counsellor notes/actions:
