**The Life You Love Assessment Form**

**PLEASE NOTE WHEN SESSIONS FINISH THESE DETAILS WILL BE DELETED. IF YOU DO NOT WANTTO ANSWER ANY OF THE SECTIONS AFTER NAME, ADDRESS, GP, HEALTH AND MEDICATION PLEASE LEAVE BLANK.**

**Client Details**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Mobile:**

**Any restrictions on times to call you or text?**

**………………………………………………………………………………………………………………………………………**

**GP Details:**

**Name:**

**Address of Surgery:**

**Telephone number of surgery:**

**……………………………………………………………………………………………………………………………………….**

**Health:**

**Past or Present problems**

**AGE:**

**……………………………………………………………………………………………………………………………………….**

**Personal situation and support network. (Living arrangements, job or study, stress factors, beliefs/religion etc.)**

**……………………………………………………………………………………………………………………………………….**

**FAMILY STRUCTURE: Brothers, sisters etc divorce, bereavements**

**What is your nationality?**

**Contract agreed: Please say yes or no to contract sent and agreed**

**…………………………………………………………………………………………………………………………………………**

**What are your presenting issues?**

**GOALS FOR COUNSELLING: (***What are YOUR hopes and expectations in coming to counselling)*

**ANY OTHER RELEVANT INFORMATION** *(e.g. ANYTHING ELSE YOU WISH ME TO KNOW personal history-*

**ADDICTIONS/ IN RECOVERY?** *Alcohol, drugs, gambling, eating disorders, exercise, OCD etc)*

**If our sessions are online, I will find a confidential setting for our sessions, use encrypted online video or voice calling. It is vital that you also set up a confidential setting for yourself. I will never record our sessions and I would ask you to always request permission from me if you are recording our sessions. If you do not want to see your face during the session we can use zoom and there is a way you can see me and I can see you but you don’t have to see yourself. We can use telephone sessions also without video link.**

**If our sessions are in nature, you have agreed that we are both responsible for the confidentiality of our meetings. I will endeavour to create a safe environment for us, but we are both aware as we are in a public place this has its limitations.**

**………………………………..**