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## Individual Client Information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Organisation: \_\_\_\_\_

Occupation: \_\_\_\_\_

GP Name & Practice: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Previous Medical Conditions/Disabilities: \_\_\_\_\_

Have you seen a psychologist before?: Yes  No

If yes, what was their name: \_\_\_\_\_

### Emergency Contact Person

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

