

New Patient Notes

Strictly Private and Confidential

Reason for Consultation

First name..... Surname

Address

Tel no Mob

E mail.....

Date of Birth..... married single, divorced, other

Family/children..... Occupation

How did you hear of me?.....

Please tick if any of these are appropriate to you/

- Major heart condition Epilepsy Asthma Partially sighted Multiple sclerosis diabetes
 Parkinson's Disease Autism Infectious disease pregnant hearing difficulties

Have you had treatment from a psychiatrist/ psychologist/ therapist.....

Are you on any medication?.....

Are you taking sleeping tablets antidepressants tranquillisers.....

Any medical conditions?

Any other information?.....

Late cancellation policy. A discretionary fee will be charged by the therapist if less than 24 hrs notice is given

Please sign that you have read, understood and agreed to the above statement

Signed dated.....

All information is treated in strictest confidence and is kept for administration purposes only