Graceful Counselling

One-to-One Counselling Service Self-Referral Form

Taking the first step towards counselling can feel daunting. Please don't worry about completing every section of this form. Share only what feels comfortable for you right now. We can talk through any other information together when we meet.

A) PERSONAL DETAILS

Name	
Address	
Date of birth / age	
Ethnicity	
Religion / spirituality	
Contact telephone number/s	
Email	
Preferred method of contact	
Name and address of GP practice	
Any other information	

B) CURRENT SITUATION

Family situation	
Living arrangements	
Physical condition, any serious ailments, autoimmune, diabetes etc.	
Medication currently including mood related	
Physical symptoms (aches and pains, headaches, skin conditions, sleep problems, lethargy, palpitations, digestion problems, IBS etc)	
Presenting concern that brought you to therapy	
Onset and duration of concern	
Severity (1-10 as you understand it)	
Suicidal thoughts and previous attempts	
Previous counselling history	

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Use of drugs and alcohol	
History of psychiatric illness	
Significant losses in life	
Traumatic events in life	
Current carer for someone	
Impact of the pandemic on life	
Any issues of physical mobility / ability	

C) AVAILABILITY

In-person or video call	
Days and Times	
Any other considerations around sessions	
Any thoughts and feelings around beginning counselling / motivation	

D) 1ST SESSION PREFERENCE

Free 25 Minute appointment	
50 minute appointment (£55)	

Click the QR Code & email your form to Graceful Counselling or attach to an email to grace@gracefulcounselling.co.uk

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