



Client Registration Form

Please complete this before your first session, then email a photo or scan to carey@therapycare.co.uk or bring it with you. You can also fill it in online at therapycare.co.uk/client-registration.

Fields marked **(optional)** are up to you. Share as much or as little as you like. We'll talk properly in our first session.

1. About you

First name

Name you'd like me to use (optional)

Date of birth

I work with adults aged 18 and over.

Email

Is it OK for me to leave a voicemail or send a text?

I'll only ever say it's Carey, never what it's about.

☐ Yes, either ☐ Texts only ☐ Voicemail only ☐ No, email only

Address

Town or city

Postcode

2. Emergency contact and GP

I'll only contact these people if I'm seriously worried about your safety, and wherever possible I'll talk to you first.

Emergency contact name

Their relationship to you (optional)

Emergency contact phone number

GP surgery name

GP surgery address

GP town or city

GP postcode

3. Your counselling

All optional.

How would you like to have sessions? (optional)

☐ In person, Leigh-on-Sea ☐ Online by WhatsApp video ☐ Telephone ☐ Not sure yet

When are you usually available? (optional)

For example, weekday afternoons or after 5pm on Tuesdays.

What's bringing you to counselling? (optional)

A line or two is plenty.

Have you had counselling or therapy before? (optional)

☐ Yes ☐ No ☐ Prefer not to say

If you have, what did you find helpful? (optional)

And was there anything that didn't work for you? (optional)

Are you currently seeing another counsellor or mental health service? (optional)

☐ Yes ☐ No

Any health conditions or medication you'd like me to know about? (optional)

Is there anything else you feel is important for me to know? (optional)

4. Nearly done

How did you find me?

☐ Google search ☐ Google Maps ☐ BACP Directory ☐ Counselling Directory
☐ Psychology Today ☐ Facebook or Instagram ☐ Recommended by a friend or family member
☐ GP or another professional ☐ Can't remember ☐ Other:

- ☐ I've read and agree to the Terms & Conditions (my counselling agreement with Carey Webb), including the limits to confidentiality.
- ☐ I agree to Carey Webb (Therapy Care) using these details to arrange and provide counselling, as set out in the Privacy Policy.

Signed

Print name

Date

This form isn't checked for urgent messages. If you need help right now, call NHS 111 and choose the mental health option, or Samaritans free on 116 123. If a life is at immediate risk, call 999.