

Pre-Consultation Questionnaire

For adults seeking consultation for themselves

Please complete this form to the best of your ability and knowledge.

Personal Details

Name:

Date of Birth:

Gender:

Postal address:

Telephone number:

Email address:

Registration with a General Practitioner

Who is your GP?

Postal Address:

Telephone number:

I give consent for you to contact my GP.

Yes No

Tell me about the problem

**Briefly describe the problem for which you are seeking consultation.
You can write whatever you feel would help me understand your situation, but do try to end by summarising your top three concerns.**

What do you hope the consultation will do or achieve, in relation to the concerns you have described above?

**Have you tried anything else to improve matters?
If so, please give some details:**

Yes No

**Are any other professionals involved in helping you?
If so, please give some details:**

Yes No

Have you suffered any trauma, important change or loss, which may be affecting you?

Yes No

If yes, please describe:

Health Background

Do you have any current or previous health problems?

Yes No

If so has this involved any regular medication or treatment appointments? (Please outline)?

Do you have any current or previous known mental health problems?

Yes No

If so has this involved any regular medication or treatment appointments (please outline)?

How would you describe your sleep, appetite and mood state from day to day?

Home and Employment Situation

Briefly describe your home circumstances

(e.g. Married, divorced or single? Who else lives at home? How happy are you with where you live?)

Briefly describe your employment status, with details of the responsibilities and hours this involves.

What are your hopes for the future?

General Information

Anything else you feel the consultant should know, that hasn't already been asked about?

Payment Preferences

I would like to pay for sessions in the following way:

- Credit/Debit Card
- Sterling Cheque
- Postal Order
- Bank money transfer

Your Full Name (capitals)

Signature

Date