

## Counselling Booking Form (Confidential)

1. In order to achieve the best results from the counselling, please complete the form carefully and accurately.
2. All the information will be in the protection of our Code of practice regarding confidentiality and Data Protection.
3. Please note all fields marked with \* are mandatory.

Membership Number		*Are you a returning client?	<input type="radio"/> Yes <input type="radio"/> No	*Date of completing (mm/dd/yy)	
<i>Note: If you are a returning client please jump to question 2.4.</i>					
<b>Part 1 Basic Information</b>					
1.1	*First Name		*Last Name		* Date of Birth (dd/mm/yy)
1.2	Gender	<input type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Others (Please state):	
1.3	Nationality		* First Language		Ethnicity
1.4	Employment Status	<input type="radio"/> Student	<input type="radio"/> Young Professional	<input type="radio"/> Professional	<input type="radio"/> Others (Please state):
1.5	How long have you been in the UK?	<input type="radio"/> More than 10 years	<input type="radio"/> 5-10 years	<input type="radio"/> 2-5 year	<input type="radio"/> 1-2 years <input type="radio"/> Less than 1 year
1.6	*Email Address		Mobile Number		Tel Number
1.7	Home Address				Post Code
1.8	*How would you prefer to be contacted	<input type="checkbox"/> Email	<input type="checkbox"/> Mobile(Message)	<input type="checkbox"/> Mobile (Phone call)	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter
<i>Note: If we telephone and someone else picks up, we will <b>not to say</b> who we are. We will just say that we will ring back another time.</i>					
<b>Part 2 Counselling History and Current issues</b>					
2.1	Do you have any previous experience of counselling?			<input type="radio"/> Yes	<input type="radio"/> No
2.2	Have you had any contact with mental health services (eg, psychiatric services, community mental health team?)			<input type="radio"/> Yes	<input type="radio"/> No
2.2.1	If yes, When was this?				
2.3	Are you currently receiving support from mental health services?			<input type="radio"/> Yes	<input type="radio"/> No
2.4	* What brought you to us? (What are your main issues, difficulties, problems or confusion you would like help with?)				
2.4.1	* How long have you been this situation?				
<b>Part 3 Counselling preferences * (This part is important, please complete all the questions carefully )</b>					

3.1 \*Preferred times for counselling

I do not have specific preference     Late afternoon (3 pm- 6 pm)

Morning (10 am-12 am)     Evening (6 pm-9 pm)

Early afternoon (12 pm-3 pm)     If there are particular times you can never come, please state her

*Note: The counselling sessions will be at the **same** time each week/ days with the same counsellor. For more details please talk with your counsellor at the first meeting.*

3.2 \*Preferred method of counselling     I do not have specific preference     Online     phone     Face to Face

3.2.2 \*If you choose face to face counselling, do you have particular requirements for the place?     Yes     No

3.2.2.1 \*If yes, what are they?

3.3 \*Preferred counsellor

3.3.1 Levels     I do not have specific preference     Junior     Qualified     Senior

3.3.2 Gender     I do not have specific preference     Female     Male

3.3.3 Ethnicity     I do not have specific preference     Same as me     Others (Please state):

3.3.4 Language     I do not have specific preference     Same as me     Others (Please state):

*Note: The **price** will be different depending on the counsellor levels and the way of counselling. For more details please go to:*

<http://www.welcomehomeuk.com/counselling-services.html>

*The more **flexible** you can be the easier it will be to be seen **quickly***

**Part 4 Marketing information**

How did you hear about WelcomeHome Multilanguage Counselling?

4.1     Our Websit     Leaflet/Poster/Postcard     GP/Other professional     Word of mouth

Google     Baidu     Facebook     Weibo     WeiChat     Others(Please state):

**I confirm that I have been given a copy of the Code of Practice on confidentiality and Data Protection and I agree to the terms and conditions therein.**

**Please Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for your patience. Please send this back to: [counselling@welcomehomeuk.com](mailto:counselling@welcomehomeuk.com)

We will get back to you with the first meeting information as soon as possible.

If there are any further questions please contact us by [Email: info@welcomehome.com](mailto:info@welcomehome.com) or Phone call : [+44 \(0\)7547031920](tel:+44(0)7547031920)