

Emmaus Church Centre
Orford Hall
Capesthorne Road
Orford
Warrington
WA2 9AP

Telephone 01925 423717



Counselling Registration Form

Please complete and return to Pathway Community Counselling Service

Title (Mr/Mrs/Ms/Dr etc.) Surname

First Name Other Names

Date of Birth

Current address

..... Post Code

Home Tel. No. Mobile No.

Email Address

To safeguard your identity please tick the appropriate boxes.

- | | | |
|--|------------------------------|-----------------------------|
| Can we send a letter to your current address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can we telephone your home number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can we leave a message on your home telephone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can we telephone your mobile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can we text you on your mobile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can we leave a message on your mobile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can we send you an email? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Doctor's name Telephone No.

Address.....

Were you referred to us by your G. P. Surgery Yes No

Please give your main reason for wanting to see a counsellor

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.....
.....

What do you hope you can achieve with counselling?

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.....

Have you received any previous counselling?

Yes

No

If so, details e.g. when and where.

.....

Are you involved with other agencies?

Yes

No

If so, please give name of agency.

.....

Have you any history of mental health issues – past/present?

Yes

No

If so, give details including any current medication.

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Any other information you think may be relevant.

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How were you made aware of Pathway Community Counselling Service?

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For office use only

Reference Number

Date registration received

Date acknowledgement sent

Date appointment letter sent

Name of allocated counsellor

Date Discharge letter sent