Information Form

Basic Information

Name:

Date of Birth:

Contact Details:

E-mail: Telephone:

Address:

Emergency Contact:

Name: Relationship to you:

E-mail: Telephone:

I only ask for this information in the scenario that you request, and give me consent, to contact this individual. Or of course, in the scenario where there is a medical emergency.

GP Contact Details:

Name/Address of surgery:

GP’s name:

Telephone:

This information is necessary as I work within the framework of a strict ethical code. I will only ever use this information in exceptional circumstances when I believe there is a genuine danger to yourself or a third party. If you have any questions, this can be discussed further in the initial meeting.

Therapy Information

In this section, please give as much detail as you feel comfortable with. The goal here is to generally tell me what is bringing you to therapy and about your current situation.

What has brought you to therapy at this time?

Have you ever been involved in therapy before? If yes, when? For how long? Was it helpful?

Are you taking any medications at this time?

Do you now or have you ever felt like harming yourself? Taking your own life?

Other Useful Information

Security/Data Protection

* Security: Information received enters a password protected e-mail account and laptop. I am the only user of this laptop/e-mail account. Any paper copies of documents or notes will be kept in a secure location at all times. In accordance with GDPR guidelines, I hold any documentation for seven years, and then destroy it. All precautions are taken in protecting your information.
* Data Protection: I keep client records in accordance with the Data Protection Act/GDPR guidelines. This means that your permission is needed for me to collect and keep any personal data whether by manual or electronic means. In order for us to work together and me to be able to contact you, I need to collect and process personal data. I understand that some of the information I collect is sensitive and I can only use such data where I have your explicit consent. Your personal and sensitive data will only be used in order to provide this service for you.
* If you decide that you wish to exercise your right under GDPR guidelines to access information I hold about you, please submit a request to adammacalpine@gmail.com.

Payment Details

Payment can be made in cash or through the following BACS details,

Account No.- 0018836

Sort Code- 87-70-02

Payment Reference- Your initials and ‘Adam Macalpine Counselling and Psychotherapy’

General

* If you are currently working with another therapist/counsellor, of any discipline, I will not be able to begin working with you until this relationship has ended.
* As an ethical practitioner, it is my responsibility to work within my competence. There are certain issues which I may feel unable to work with at this time.
* If we have a previous relationship which goes beyond a certain threshold, feel free to get in contact, but I will most likely attempt to aid you in finding an appropriate therapist.

Returning this Form

* Please return a signed copy of this form to adammacalpine@gmail.com or alternatively, send a paper copy to 13 Smith’s Place, Edinburgh, EH6 8NT with my name as the intended recipient.

Client’s Signature:

Date: