CHRISTINE COPLEY
REGISTERED COUNSELLOR

BA Hons (BPsych Equivalent) Cum Laude
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11 Tester Street, Vierlanden,
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Thank you for enquiring about counselling.

Kindly complete the information below to enable me to establish whether we will be a good fit for a therapeutic intervention:

(Note: To fill out this pdf form, click on "Tools" on the menu bar, and then "Fill & Sign")

Name:	Surname:
Date of birth:	Language:
Referral: Self/Parent/Professional/Other:	

Seeking:

- ☐ Individual counselling
- ☐ Couples counselling
- ☐ Family counselling

Please tick the reason/s for seeking counselling:

☐ Abortion	☐ Divorce	☐ Parenting
☐ Absent Parent	☐ Family problems	☐ Relationship between parents
☐ Abuse – physical	☐ Fatigue/Low energy	☐ Relationship with parents
☐ Abuse – sexual	☐ Friends/Peers/Social life	☐ Relationship with siblings
☐ Abuse – emotional	☐ Financial Problems	☐ Self-esteem
☐ Abuse - neglect	☐ Fearfulness	☐ Sleep disturbance
☐ Anger	☐ Gender/Sexuality/ Identity	☐ School
☐ Anxiety/Stress	☐ Goals	☐ Sadness
☐ Attention	☐ Grief/Loss	☐ Self-care
☐ Behaviourial problems	☐ Health	☐ Self-harm
☐ Bullying	☐ Infidelity	☐ Suicidal thoughts/ Behaviour
☐ Career Guidance	☐ Life coaching	☐ Substance Abuse - Drugs
☐ Childhood issues	☐ Loneliness	☐ Substance Abuse - Alcohol
☐ Chronic Illness	☐ Marital/Partner issue	☐ Time Management
☐ Concentration	☐ Motivation	☐ Trauma
☐ Communication	☐ Overwhelm	☐ Work
☐ Conflict	☐ Panic attacks	☐ Other:
☐ Dating/Relationship issues	☐ Pregnancy/Miscarriage/ Infertility	
☐ Depression/Sadness		
☐ Disordered eating		

Provide a brief description of the situation:

Are you currently seeing a psychiatrist or psychologist? YES / NO

If yes, please indicate if a particular diagnosis has been confirmed:

Name of psychologist/psychiatrist:

Please return this completed form to: chriscopleyrc@gmail.com.

Kind regards,

Christine Copley

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