

**INSIGHT Counselling (Leicester)**  
**CONFIDENTIAL APPLICATION FOR COUNSELLING**

[CLIENT REF .....]

NAME (CAPS)..... Date .....

Address.....

..... POST CODE.....

Tel No. Day.....Evening.....Mobile.....

Email .....

Date of birth.....Occupation.....Marital Status..... Children.....

Please explain briefly the nature of your problem and any significant events which may have contributed.....

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Have you consulted anyone else about this problem? Yes/No

If the answer is yes please indicate whom:

e.g. Doctor, Counsellor, Psychiatrist, Psychologist .....

Are you still seeing them? Yes/No

**Details of any regular medication you are currently taking where applicable:**

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**Brief details of any other counselling, therapy or care from the mental health services you have had or are currently receiving:**

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(we may need to obtain your Doctor's agreement that counselling is appropriate)

**Name, address and telephone number of your Doctor:**  
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To help us find you a convenient appointment, please tick the slots you can definitely attend. (If you are able to be flexible the waiting time will be reduced)

Week Days	Morning Slot (9 – 12pm)	Afternoon Slot (12 - 5pm)	Evening Slot (5 – 8.30pm)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Would you be willing to see a counsellor of either sex? .....

If NO circle which sex you would prefer? M/F

**Please complete this Form and return it along with your £15 admin fee (payable to Insight Counselling) to:**

**Insight Counselling  
c/o Holy Trinity Church  
Turner Street  
Leicester  
LE1 6WY**