

Wise Caterpillar Therapy
Client Details – CONFIDENTIAL

Please read carefully and complete as fully as possible. You may add additional information on a blank sheet of paper. Thank you.

Name :

Address :

.....

Telephone (day): (eve):(mob):.....

E-mail address :

Date of Birth: Current Age: Gender:

Access (disability) requirements ?

Please identify your ethnic/ cultural background

Significant Beliefs (religion/ politics/ personal) :

Highest Level of Education : Secondary: College:..... : University :

Occupation :

Place of Employment:

Single Married Separated Divorced Cohabiting.....

Children (Names)

Children (Ages)

What problem/s do you want help with? :.....

.....

.....

.....

.....

.....

How long have you had the problem/s? :

.....

When did the problem/s first start?

.....

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Please identify the previous medical or therapeutic approaches you have tried in relation to this problem :

.....
.....

Please describe how you wish you and your life to be at completion of therapy :

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.....

How quickly do you want to achieve this?

Your Doctor : : Is this treatment NHS funded?

Surgery Address :

Phone Number :

Is s/he aware you are undertaking this therapy? :

Date of last consultation? : What for? :

Current medical conditions and medications:.....

.....
.....

Please identify where you found out about our services :

.....

If self help resources are supplied to you would you prefer them (mark all that apply) :

On audio-tape : On CD : Via e-mail : Other (identify)

Thank you for sharing this information. Please bring this document to your first appointment as previously agreed with Elizabeth Gallagher **or** e-mail it to elizabeth@wisecaterpillar.com with a request for Elizabeth to contact you with details of her availability.