

**Bristol Practice**
14 Orchard Street
Bristol
BS1 5EH

**Berkeley Square Practice**3 Berkeley Square

Bristol

BS8 1HL

m: 07950 751352

e: [info@karendeeming.com](http://uk.mc267.mail.yahoo.com/mc/compose?to=info@karendeeming.com)

w: www.karendeeming.com

**Client Information/Intake sheet**

**Name……………………………………………………………………………………….**

**Address…………………………………………………………………………………………………………**

**Date of first interview…………………………………………………………………………………………..**

**Date of birth………………………………………………………………………………………………………**

**Referred by………………………………………………………………………………………………………**

**How did you hear about me ?...................................................................................................................**

**(eg - friend, GP, BACP or UKCP register, google, other?)**

**Sex………………………………………………………………………………………………………………..**

**Telephone number (H)……………………… (W)……………….. (M)……………….. ……………………..**

**Name and address of GP…………………………………………………………………………………………**

**(Please note I will not contact your GP without your permission and I only do so in emergency situations)**

**Name telephone number of next of kin: or emergency contact name & no…………………………….**

**………………………………………………………………………………………………………………………..**

**Medication (including homeopathic)………………………………………………………………………..**

**Have you ever felt suicidal?.....................................................................................................................**

**Have you ever self harmed?......................................................................................................................**

**Have you ever felt depressed or anxious? If so when was this?...........................................................**

**Do you currently have alcohol/drug issues?,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,**

**Do you currently experience/have previous experience of any physical difficulties? (such as back pain, headaches, ME/CFS, MS, Cancer, Parkinson’s Disease, Crohn’s Disease, IBS, eczema, high or low blood pressure etc ? )…………………………………………………………………………………..**