

Client registration form for online therapy

Thank you for completing this Client Registration form. I appreciate it may feel intrusive to be asked for this information before we've met, but for online counselling it is essential in order to ensure your safety and wellbeing in the event of an emergency situation arising during our sessions. Please be assured that this information will be kept with highest regard for your confidentiality and will only be kept for as long as it is needed.

Contact details

Name *

First Name

Last Name

Email *

example@example.com

Phone Number *

Area Code

Phone Number

Address *

Street Address

Street Address Line 2

Town

County

Postcode

How may I contact you? *

Mobile (phone)

Mobile (text)

Landline

Email

Medical / Emergency

Date of birth *



Day Month Year

GP surgery *

Medication

Please provide details of any medication you are taking

Emergency contact *

Please provide an emergency contact number I can use in the event of an emergency arising during our session