A close up of a logo

Description automatically generated

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Dip Gestalt Therapy, Cert Group Work

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**Client Consent Form**

|  |  |
| --- | --- |
| Name | Date of Birth |
| Address | Phone number |
|  |  |
|  |  |
|  |  |
|  |  |
| GP Name | GP phone number |
| GP Address |  |
|  |  |
|  |  |
|  |  |
| Medication |  |
|  |  |
|  |  |
| Emergency Contact – | Relationship: |
| Phone number: |  |

I have read, understood and consent to the Counselling information and Agreement.

I consent to entering into therapy with you and to you keeping records about me. I understand that you take your work in confidence to supervision.

I agree to you contacting my emergency contact in the event that I become seriously ill or have an accident whilst with you.

I agree to you contacting my GP or other appropriate practitioner in the unusual situation that you have concern for my safety or that of a significant other. I understand that you would normally discuss this with me first but that if necessary, this can be without further consent.

**Name:**

**Signature:**

**Date:**