

Primary Care Counselling Network

Initial Assessment

Ref:13/0011

Personal Details

Name: Paul Wilson

Address:

Tel : Mobile:

(Home/Work)

OK to leave message? ☐

OK to text? ☐

OK to leave message? ☐

Referral

Name of Referrer:

Is this a self-referral? ☐ Yes ☐ No

Relationships

stuff about who's living at home

Presenting Issues

Description of Presenting problem

History (onset, circumstances at time, how developed over time, etc)

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How it affects client's life (level of distress, coping ability)

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