

# Primary Care Counselling Network

## Initial Assessment

Ref:[FILE\_NO]

### Personal Details

Name: [CLIENT\_NAME]

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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Why now? (precipitating factors)

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