

Counselling - Application Form

Name: _____

Address: _____

_____ Post Code _____

Phone No: _____

Date of Birth: _____

Are you currently taking any medication? Yes No

If yes, please give details:

Have you had any previous experience of counseling?

Yes No

If yes, please give details:



Briefly describe your reasons for counselling at this present time:

Please return this form to us and we will be in touch as soon as possible.

**Ian Beardsall
K&R Counselling
Stafford Clinic
35 Charlton Road
Weston Super Mare
North Somerset
BS23 4HG**

