Thank you for choosing IAnTeMo Counselling Services. Will you please provide the following personal information to assist with the counselling sessions, and the issues you would like to explore during counselling.

|  |  |
| --- | --- |
| Your full name: |  |
| Date of Birth: |  |
| Address: |  |
| What are you looking to address in counselling? |  |
| Are you currently involved in or have you been involved in counselling in the past: |  |
| Are you taking any prescribed or unprescribed medications? Can you list those? |  |
| Contact phone details: |  |
| Emergency contact number in case of technology breakdown: |  |
| Email address: |  |
| Best time to contact: |  |
| Preferred contact method, please choose one: | EmailPhoneText |
| History of Previous or Existing Medical Conditions or Admissions: |  |
| History of violence/overdose or self-harm: |  |
| Please sign this document and email to office@iantemo.com |  |
| I can contact you via your preferred contact method within 48 working hours of receipt of this form with further information regarding your counselling session. Ruku I’Anson, Director IAnTeMo. |