**Tree of Life**

**Client Details/Self-referral Form**

**Name .........................................................................**

**Date of Birth ..............................................................**

**Gender ......................................................................**

**Address ......................................................................**

**...................................................................................**

**Telephone/mobile ......................................................**

**Email ..........................................................................**

**GP/Surgery address ....................................................**

**Telephone Number .....................................................**

**Emergency Contact Name ...........................................**

**Relationship ................................................................**

**Address .......................................................................**

**....................................................................................**

**Telephone/mobile .......................................................**

**This form is confidential and will be kept in a secure system only accessible by the counsellor. Information will only be used for contact and emergency purposes. In this event permission will be sought where possible. The accuracy of details provided are the responsibility of the client.**