



Tel 07791 753777
E-mail: cornwall@philippitrust.com
c/o Epiphany House, Kenwyn, Truro, TR1 3DR
Registered Charity Number 1016105

BACKGROUND INFORMATION - CONFIDENTIAL

Title Full name

Address

..... Post code..... Tel. no.

E-mail address

Occupation..... Age

Family details

Are you seeking counselling for yourself or for you and your spouse/partner as a couple? Self/Couple

Doctor

Have you ever suffered any serious medical problems?

Details

.....

Have you ever suffered from any form of psychiatric illness?

Details

.....

Prescribed drugs

Other information you think we ought to be aware of:

.....

.....

Previous counselling

.....

.....

How would you define your problem?

.....
.....
.....
.....

In what way do you see us being able to help?

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.....
.....

How were you made aware of Philippi Trust?

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.....

Please indicate days, times and telephone numbers where we can contact you.

.....

(if we are unable to contact you within two weeks then your application will be disregarded)

Do we have your permission to leave a voicemail message?.....

Do you have any special needs or requirements we need to be aware of?

.....
.....

We have specialist counsellors in a number of different venues. Please cross out any you are NOT willing to consider:

TRURO FALMOUTH HELSTON REDRUTH LISKEARD LAUNCESTON

When would be the most suitable times for counselling? Please give as many choices as possible. It may be possible to arrange evening sessions depending on the venue and counsellor availability.

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Signed:

Date:

Please return form to The Philippi Trust, Counselling Coordinator, c/o Epiphany House (address as on this form) or email as an attachment to : cornwall@philippitrust.com