

GUEST PACKAGE (COUNSELLING) PRE-BOOKING FORM

Which Package are you interested in:	COUNSELLING		MINISTRY	
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FIRST NAME		SURNAME		Mr/Mrs/Miss/ Ms/other
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ADDRESS			Telephone number:
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Please confirm that you are happy for us to contact you on this number and leave a message: YES / NO			
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EMAIL ADDRESS:	
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How did you hear about Burrswood?	
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We would be grateful if you could complete and return this questionnaire. This will help us determine if, or how best, we can meet your needs. It may be necessary for a telephone assessment session to be arranged, before a booking can be confirmed.

1. Are you fully independent, self-caring and mobile?

2. Do you currently receive any medical, nursing or care services to assist with daily living? If so, please detail.

3. Have you ever suffered with anxiety, stress, phobias, obsessions or depression? If so, please give details (when, how long, what treatment etc.).

4. Have you ever suffered with mental health problems that stopped you telling the difference between reality and your imagination (i.e. symptoms such as hallucinations and / or delusions)? If so, please give details (when, how long, what treatment etc.)

5. Have you ever engaged in counselling before? If yes, please give details (when, what for, how long, how effective etc.)

SIGNED DATE