Therapy-on-Sea

Initial Consultation Document
Couples

Personal Details

Names:

Ages:

Address/Area of home:

Preferred Contact Details:

Married
Living with someone
Together but living apart

Pronouns preference He/Him They/Them She/Her

Sexual Preference – Gay/Heterosexual/Lesbian/Transgender/Prefer not to say.

Working
Student
Unemployed
Retired
Home maker.

Children?

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Where do you see your issues being?
Work/Relationships/Self/Social Life/Health/Children
Brief details

Medical/Health Issues, including any medications and length of time

Hobbies/Leisure/down time

Sian Hines Counsellor and Hypnotherapist (Ad Dip Psy C, Prof. Dip Psy C)

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Biggest strengths as a couple

Biggest weakness as a couple

Any other therapies before singularly or as a couple

What is the trigger for dealing with this issue now?

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What are your coping strategies when things are hard and how often do you indulge in it?

Have you ever self-harmed, had suicidal thoughts, have a suicide plan?