Client Details form:

Please email to crystalvisions0@gmail.com at least 48 hours before your session:

Client Details:

Name:

Address:

Date of Birth:

Telephone Number:

Email address:

Preferred method of contact:

Reasons for seeking counselling:

Current medication (for psychological difficulties) please indicate diagnosis:

GP surgery name and address:

GDPR: I have read and understand the GDPR notice as per the Surrey Therapist website [www.surreytherapist.co..uk](http://www.surreytherapist.co..uk)

Signed: Print name: Date:

Cancellation Policy:

I have read and understand that I need to give at least 48 hours to cancel a booked session otherwise I will need to pay in full for the missed session

Signed: Print name: Date: