

*David Sinclair*  
**Accredited and Registered Counsellor and Supervisor**  
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**ASSESSMENT INTERVIEW FORM**

This assessment form is to enable the counsellor to gain a better understanding of how to help you. Please take the time to answer all the questions honestly. Please return the form to the above address before your initial appointment if time allows, or bring it to the session. This form is confidential and private.

NAME.....Tel: home..... work.....

Mobile..... Email.....

ADDRESS.....

OCCUPATION(OWN).....PARTNER'S.....

AGE..... DOB..... PARTNER'S AGE..... DOB.....

MARITAL STATUS: SINGLE..... ENGAGED..... YEARS MARRIED..... YRS DIVORCED.....

YRS COHABITING.....NUMBER OF CHILDREN M..... AGES..... F..... AGES.....

GP..... ADDRESS.....

IF YOU ARE RECEIVING TREATMENT OR TAKING ANY MEDICATION PLEASE STATE

WHAT .....

WHEN DID YOU LAST SEE YOUR GP AND WHAT FOR? .....

.....  
HAVE YOU HAD (OR ARE YOU HAVING) ANY PSYCHIATRIC HELP, OR EXPERIENCED ANY MENTAL HEALTH PROBLEMS ? (IF SO PLEASE STATE WHAT AND WHEN) .....

.....  
HAVE YOU PREVIOUSLY HAD ANY COUNSELLING ? – IF SO WHEN, FOR HOW LONG and REASONS ENDED .....

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Please underline which of the following apply to you:

Headaches.....fatigue.....difficulty making friends.....tension.....insomnia.....shyness

Withdrawn.....panic attacks.....nightmares.....loneliness.....isolation.....dizziness

Irritability..... indecision..... alcoholism..... Fainting..... palpitations..... tremors.... Smoking

Vomiting.....apathetic.....guilt.....depression.....eating disorders.....stomach troubles.... Anger

Suicidal thoughts.....drug dependency.....bowel disturbances.....anxiety.....fear of rejection

Sexual problems.....appetite loss.....financial problems..... bad home conditions

Weight loss..... Mental/psychiatric difficulties..... difficulty keeping jobs.....

Other.....

Are you sexually active at this time ?.....

How would you describe your world view ? .....

Please indicate the nature of the problem that has brought you to counselling at this time

How critical do you believe your situation to be on a scale of 1-10 (1= low, 10 = high) ? .....

What changes would you like to make in your life, or with yourself ?.....

Counselling make take six months to a year or more of weekly sessions – do you feel able to maintain such a long term regular commitment ?.....

Referred by .....

Signed..... Date.....

Thank you for taking the time to complete this form and for your honesty. I will be thinking of you as you prepare to consider the journey ahead of you.

David Sinclair offers a counselling service which desires to help and assist those in need, regardless of their faith beliefs. It is hoped that through the counselling process life's emotional wounds will be healed.