



Client Information Form

Name:

Date of birth:

Gender: M F

Preferred Contact Address:

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Phone:

Email:

GP name:

GP Address:

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Contact in case of emergency:

Our Policy and Consent Form

Data Protection Information:

We will keep clinically relevant information about you whilst you are receiving treatment from us, for example in the form of clinical notes, letters etc. We will keep this information in accordance with the General Data Protection Regulation (GDPR). We are registered with the Information Commissioner.

Liaison with other relevant professionals:

We may be required to liaise with other medical professionals whilst you are receiving treatment from us, for example your General Practitioner, mental health team or other relevant provider:

Are you happy for us to contact your GP where clinically necessary:

Yes No

Are you happy for us to contact where clinically necessary:

Yes No

If you are not happy for us to contact your GP this will not affect your care with us. However, if we believe that either you or someone else associated with you is at risk we may be required to contact your GP by law. If this were the case we would endeavour to discuss this with you first.

Crisis contact numbers:

NHS direct: 111
The Samaritans: 08457 90 90 90
Emergency Services: 999
Your GP

Your signature: Date

Your full name (in capitals)