



Current Employment

Are you currently employed: YES NO

If YES, occupation:

Number of hours you work per week:

Disability: Do you have a formally diagnosed disability? YES NO

If YES, please describe your disability:

- | | |
|--|---|
| <input type="checkbox"/> Autistic Spectrum Disorder | <input type="checkbox"/> Unseen Disability (eg Diabetes, Epilepsy) |
| <input type="checkbox"/> Blind / Are Partially Sighted | <input type="checkbox"/> Wheelchair User / Have Mobility Difficulties |
| <input type="checkbox"/> Deaf / Have a Hearing Impairment | <input type="checkbox"/> Mental Health Difficulties (e.g., schizophrenia, depression) |
| <input type="checkbox"/> Learning Disability (e.g. dyslexia) | <input type="checkbox"/> Other, please describe: |

Ethnicity:

How would you classify your ethnicity?

Relevant Medical History

Current GP: Name:

Address:

Tel:

Have you ever had prior counselling/psychotherapy/psychiatric treatment? YES NO

If YES, please provide details of treatment (and diagnosis, if you were given one)

Prior and current significant illness, surgery or allergies:

Do you take any medications on a regular basis? YES NO

If YES, please provide details

Financial Support

Who supports you financially? _____

Relationship Background

Your Relationship Status: Single Married Cohabiting/Partnered
 Divorced Separated Widowed

If married or partnered, for how long?

If you have children please specify gender and age for each child:



PART B

Please answer the questions below in your own words and write as much as you feel comfortable.

Your reasons for approaching the Student Counselling Service

Please explain what lead you to seek counselling now and how long have you been experiencing these problems

How have you dealt with these issues in the past? What helped and what didn't?

What aspects of your life are being most affected by these issues?

Can you identify any factors in your life that are maintaining the problems? Are there any particular stressors that keep causing the problem to re-occur?

When things get particularly difficult do you ever feel like harming yourself or others?

Your expectations from counselling

Many people want to feel better. But for each person feeling better means different things. What are your expectations from seeking counselling? How would you see your life be different if the difficulties you are experiencing were resolved?

Support system and coping

Based on your life-long experiences, how do you cope with life in general, as compared to your peers? Do you find things more/less challenging? Frightening? Stressful?

Please describe the support you have in your life at present, including family and friends. Who are the people you socialise with? Talk to about your issues? Seek advice from?



Additional Information

Is there anything else that you haven't told us and that you think would be important for us to know?

Submitting the Form: Once you have completed the form please submit it the Student Counselling Service

In Person: Student Counselling Service, 4th Floor, New Court, 48 Carey Street, WC2A 2JE

By Email (As an attachment): studentcounselling@lsbf.org.uk