

Client Contact details

2024v1.0

** Required Contact information*

First name: Surname:

Date of Birth:

How do you want us to communicate: Cancellations, changes to session times or provide online platform links

◇ By sending a text to the following Phone number:

◇ By sending an Email to the following Email address:.....

*Contact information (*Required for online counselling / Optional for face to face counselling)*

Phone number:

Email address:

Home – Address

Home – Post Code

Optional information - Secure contact - Whilst we do not provide counselling via email, we may, with your agreement, use email to communicate with you. We recommend that clients use an encrypted email server for sending and receiving email exchanges when engaging with counselling, this helps to ensure that our communication will not be intercepted by a third party.

- A free and secure email provider is Protonmail, available at: <https://proton.me>.
- '@TalktoDavid.ltd' uses Protonmail, as Protonmail encrypts messages between Protonmail users.
- Or you can use password protected documents that we then exchange via your email provider.

Secure email:

Password for encrypted files:

Emergency contact details

*Emergency Contact information (*Required for online counselling / Optional for face-to-face counselling)*

Doctors Surgery Name:

Doctors Name:

Doctors Surgery Post code:

Optional Additional contact information

Would you like us to be able to contact someone in an emergency (e.g. friend, relative, Other professional)

Contacts Name:

Contacts Phone number:

Relationship:

Do they know you are in therapy?

By completing this form, I specifically authorise Talk to David Ltd and my counsellor to retain and use this information to contact me or others (including emergency services) if required.

Signed: