



Nicole D. Gehl
B.A., PG Dip CBTcyp, M.A., J.D., Adv.Dip.Ex.Psych.,
BABCP, UKCP, MBACP (Accred)

Suite 16

Tel: 0781 206 0867

58 Acacia Road
St John's Wood
London NW8 6AG

E-Mail: NDGehl@gmail.com

Client Information Form

Patient name _____ DOB _____

Address _____

Email _____

Phone Day _____ Phone Eve _____

Cell _____

Marital Status _____

Number of children _____ ages: _____

If married for how long have you been married _____

Is this your first marriage? _____

Highest level of education completed _____

Type of employment _____

G.P. Name: _____

Practice
Address _____

Contact number

Diagnosed Medical Conditions

Substance Use and frequency (drugs/alcohol/tobacco/caffeine)

Please list any prescription medication you are currently taking _____

Who should I inform if you had a medical emergency? (please note that the confidentiality agreement regarding therapy content would be maintained)

What key issues or difficulties do you wish to address in the course of therapy?

What do you want to achieve by engaging in therapy and how will you know when therapy has been helpful? |e What differences would you like to see?

Do you have any previous experience of psychological therapy services? _____

What was the approximate duration and/or number of contacts? _____

What about it has been useful?

What has not been helpful?

Are you making use of any current support networks?
Please describe.

Do you have any concerns about therapy you wish to discuss? What might be your potential challenges or obstacles to the success of therapy?

When you have faced a challenge or pursued a goal in the past what inner strengths have helped you?
