



**Cancer Support Scotland**  
Tak Tent - Take Care

## COUNSELLING CLIENT RECORD

We use this information to collate statistics which enables us to apply for vital funding for our charity and the services we provide. Your information and any additional notes taken, are used to ensure we can provide you with the best counseling to meet your needs. All information is confidential and will not be disclosed without your written permission. We will not pass your details to a third party without your written consent for any other reason, other than stated or if yours or someone else's life is at risk and or it is clear that a law is going to be broken.

Date of first visit \_\_\_\_\_ Name \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth - Age \_\_\_\_\_  
 Address \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile No. \_\_\_\_\_ Home Tel no. \_\_\_\_\_ Is it ok to leave a message? \_\_\_\_\_

Email Address – This is our preferred method of communication as it saves the charity money. \_\_\_\_\_

Keeping in touch: We securely hold your details as part of a commitment to providing you with the best service we can and ensure your time with us is effective and beneficial. We intend to automatically keep you updated about Cancer Support Scotland as part of this process.

Do you want to receive updates by email? Y/N  Do you want to receive updates by post Y/N?.

G.P Name \_\_\_\_\_ Practice or Tel No. \_\_\_\_\_

What is your ethnic origin? \_\_\_\_\_ Male/Female \_\_\_\_\_

Have you been diagnosed with cancer? Y/N Please state the type of cancer you or your friend, family member has been diagnosed with \_\_\_\_\_

Are you a family member? Y/N A friend? Y/N A Carer? Y/N Other \_\_\_\_\_

Have you ever been diagnosed with any psychological or medical conditions? Y/N

If yes, please what \_\_\_\_\_

If you are currently under the care of a CPN or Psychiatrist please provide details

Name \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

Please state any medication you are currently taking \_\_\_\_\_

Have you used Cancer Support Scotland service during the past 12 months? Yes/No If yes where? \_\_\_\_\_

Which service did you use Counselling  Complementary Therapy

How did you hear about us? Beatson  Maggie's  Macmillan  Beatson Charity (therapy service)  Improving Cancer Journey Adviser  Prostrate Cancer  Our Leaflet  Internet Search  GP  Word of mouth  Poster  Using another Cancer Support Scotland Service

Chi Gung

Complementary Therapy/ Support Group, Other please state- \_\_\_\_\_

What types of support are you interested in? Complementary Therapies  Talking Therapies

Group Support  Other \_\_\_\_\_

In case of emergency who would you like us to contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

**CLIENT DECLARATION:** I declare that the information I have given is correct. I will update the therapist if there are any change to my medical condition.

Signed (client) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Therapist Name \_\_\_\_\_

Signed (therapist) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**OFFICIAL USE:** Where did the therapy take place? \_\_\_\_\_ Presenting code \_\_\_\_\_