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| **Registration Form *(If attending as a couple – please do complete a form each)*** |
| Title: |
| First Name: |
| Last Name: |
| Date of Birth: |
| Address: |
| Email: |
| May I contact you by email, including appointment reminders? Yes/ No (please delete as appropriate) |
| Mobile: |
| May I leave a voicemail/text on this number? Yes/ No (please delete as appropriate) |
| I would prefer to attend counselling by Zoom, WhatsApp, Teams or other? (please delete/amend as appropriate) |
| GP Details – please note I do not plan to contact your GP |
| **Personal Information** |
| 1. Are you seeking implications or support counselling? If support are you hoping for a single session, short term solution focussed counselling (up to 6 appointments) or to embark on a journey and see where it takes us? |
| 1. If you are attending implications counselling as part of your treatment pathway, please do let me know which assisted reproduction or fertility preservation treatment you are considering. If you would like a copy of your counselling report sent directly to your clinic also, please also add their contact details here: |
| 1. If you would like to share additional details ahead of our appointment please do so: |
| 1. Have you attended counselling / psychotherapy previously? If so please describe the type if known, duration of therapeutic support and how long ago. |
| 1. Have you ever had psychiatric treatment or been prescribed medication for psychological reasons e.g. depression, anxiety, eating difficulties, alcohol or drug use. If so please give details on past and current treatments, prescriptions and dose. This does not impact on your counselling but enables appropriate Safeguarding for you in the future. |
| 1. Is there anything else you would like to share ahead of our appointment? |
| Terms and Payment |
| Standard fees are:  Support counselling £65.00 (50-60 minutes)  Implications counselling £110 (up to 90 minutes counselling appointment plus report preparation)  Some clinics provide subsidised counselling and/or do not require a comprehensive counselling report – if your clinic has referred you please do let me know which clinic you are registered with so the appropriate fee can be charged to you and/or them.  A full refund is provided if an appointment is cancelled with a minimum of 24 hours notice.  An appointment can be rescheduled for no additional charge once, with less than 24 hours notice.  ***Payment is due at point of appointment confirmation.***  **How to pay:**  **Fertility Counselling**  **Account No: 14077361**  **Sort Code: 040605**  **Or by PayPal to** [**accounts@fertilitycounselling.co.uk**](mailto:accounts@fertilitycounselling.co.uk)  ***Reference - Please use first initial, surname and 221*** |
| **Data Protection - Please read the information below and amend anything you do not agree with. Returning the form confirms agreement to enable your data to be held securely.** |
| I give consent for the attached information to be held on a secure database in accordance with the Data Protection Act  Fertility Counselling provides a service that is confidential, and I will not discuss anything about you with any person or organisation without your explicit agreement, except in exceptional circumstances.  The exception to this is where there is a significant welfare or safeguarding concern. In such a situation, I would ideally do this with your consent, but in situations where immediate action is required (for example, to save a life), I may notify emergency services such as the Police or Paramedics.  Other examples of when we may need to disclose information under the following legal requirements and duties relating to the Safeguarding Vulnerable Groups Act 2006; Prevention of Terrorism Act 1971; for the prevention, detection or prosecution of a serious crime (e.g. rape, murder, manslaughter, treason or kidnapping) under the Police and Criminal Evidence Act 1984. |