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assessment form  
london psychosynthesis clinic

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Surname (Mr/Mrs/Miss/Ms)

First name

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Address

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Telephone (home)

(work)

(mobile)

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Facsimile

E-mail

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Date of birth

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Family status (single/in partnership/married/divorced/separated/widowed)

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Children

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Occupation

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Your appointment (see letter): please indicate your preference giving as many options as possible

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Signature

Date

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Please complete the questionnaire overleaf, typed if possible

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Assessment fee £25

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*The completed form and questionnaire should be forwarded to **The Institute of Psychosynthesis** at the address below together with the assessment fee. Cheques should be made payable to **The Institute of Psychosynthesis***

the institute  
of psychosynthesis

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questionnaire

1 What is the nature of your difficulties and how long have you been troubled by them?

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2 In what ways do you expect counselling to help you? What prompts you to seek help now?

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3 Have you sought help previously? Please state when, where and whether it was useful

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4 Have you had a serious illness or condition requiring hospitalisation? Please give dates and details?

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5 Have you or any members of your family ever had psychiatric treatment? If so, please give details

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6 Are you currently undergoing treatment for any medical condition? If so, what and which drugs are you taking?

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