

Please write your full name:

Date of birth (day, month, year): Age:.....

Gender: Male Female

Address (Please include postcode):

.....

Email address:

Your mobile number:.....

Any alternative work / home telephone numbers:.....

Is it OK for me to leave a message on these numbers? YES NO

GP's name, address and phone number:

.....

.....

Are you happy for Jenny to write to your GP? YES NO

How did you hear about JJM Psychology Services?.....

How will you be paying for the sessions? Self-funded Covered by health insurance

If insured, please state policy number:.....

And pre-authorisation number:

Declaration:

I am aware that if I fail to attend an appointment I will be liable for the full session fee, and if I do not provide 24 hours notice of cancellation I will be liable for 50% of the session fee. If some or all of my fees are to be paid by medical insurance, I retain responsibility for ensuring that the fees are paid on time and in full.

Signature:..... Today's date:.....