

Has there been any mental health diagnosis? No: Yes:
Please state if you have been diagnosed or currently having any other mental health treatment No: Yes:
Is your GP aware? No: Yes:
Have there been any series of self-harming or suicidal events? No Yes, if so please state:
Please confirm any medication that you are taking:

2. Reason for CBT
(Referrers view on why client requires CBT)

What is your concern?
Please state what could be contributing to the problem?
Do you have any goals that you would like to work on?

Client Signature:	Date: