**APPLICATION FOR PSYCHOTHERAPY**

**Patient Information**

**Name Sex**

**Age Birth Date** (*DD/MM/YYYY)*

**Phone Number**

**Email address**

**Address**

**Occupation**

**Emergency contact**

**Emergency Contact Person’s Name**

**Relationship Status**

**Name of Referrer**

**Reasons for seeking therapy**

**Any previous psychotherapy/psychiatrist consult? If yes, please elaborate**

**Are you on any medications for psychological difficulty? If yes, please specify**

**Have you contacted Psychotherapist Collective before? If yes, please share when and regarding what**

**Preferred days and times for consult (***as broad a range as is possible)*