

Please return to: Lifeline Counselling Centre, 4 Chlorine Gardens, BELFAST, BT9 5DJ

Lifeline application form:

Please answer all the questions below.

All applications are treated with the strictest confidence.

We will make every effort to see you and if we cannot, we will give you the opportunity of being referred to another organisation.

If you have any difficulty in completing the form, please phone 07954961905

Your name

[.....]

Your address

[.....]

[.....]

[.....]

[.....]

Contact telephone number

[.....]

Your Email (required)

[.....]

Your Doctor's name and telephone number

[.....]

[.....]

Date of birth

[.....]

Are you: "Single" "Married" "Separated" "Divorced" "Widowed"

[.....]

For how long?

[.....]

How many children do you have?

[.....]

How did you learn of our counselling service?

[.....]

What do you consider your problem is?

[.....]

[.....]

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How long has this problem been affecting you?

[.....]
[.....]

Do you consider the problem an urgent issue?

[.....]

Is your work, family and/or social life being affected by this problem?

[.....]

If so, how?

[.....]

Are there any other underlying problems that we should be aware of?

[.....]
[.....]

What immediate family do you have?

[.....]
[.....]

Have there been significant losses in your life?

[.....]
[.....]

Have you discussed the problem with anyone else, or had previous counselling?

[.....]
[.....]

Have you suffered any serious illness?

[.....]
[.....]

When did you last see your GP?

[.....]

Are you taking any prescribed medication?

[.....]

Please highlight any of the following symptoms or behaviours that apply to you.

- Headaches
- Fatigue
- Difficulty making friends
- Insomnia
- Shyness
- Panic attacks

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- Nightmares
- Loneliness
- Dizziness
- Irritability
- Indecisiveness
- Fainting spells
- Increased alcohol intake
- Drug dependency
- Vomiting
- Depression
- Sedative or tranquilliser
- Stomach trouble
- Down-ness
- Suicidal thoughts
- Bowel disturbances
- Appetite loss
- Increased appetite
- Feeling inferior
- Self harm
- Weight gain
- Weight loss
- Cutting
- Difficulty keeping a job
- Sexual problems
- Financial problems
- Difficult home conditions

Any other information we should be aware of?

- [.....]
- [.....]
- [.....]

Our counselling rooms are on the first floor and access is only possible via a stairway. Would this be difficult for you?

- [.....]

What times are you available for counselling?

- [.....]

May we contact you on the telephone number you have given us?

- [.....]

May we leave a message on your answering machine?

- [.....]

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