**Client Intake/Assessment Form**

This is a brief intake form which will be passed on to our counsellor so that they can contact you. Any further information required e.g. Medication history, GP contact details, emergency contact etc., will be discussed directly with you by our counsellor and recorded and filed by them. Dyspraxia/DCD Ireland does not have access to any confidential information shared between you and your counsellor.

If you or your child are experiencing significant mental health issues this service may not be suitable for you. In such cases we may refer you on to a more appropriate service, with your permission.

**Date:**

**Name:**

**Age (optional):**

**Email address**:

**Phone Number:**

**When are you available for Appointment?**

**Brief description of why you are seeking counselling?** *(e.g. anxiety, recent DCD diagnosis, parental or employment concerns, etc., We do not require any further information at this stage)*

*Please note: Our counselling fees are €20 per session but we do not exclude anyone because they are unable to pay. If you are experiencing financial stress please speak to our counsellor and they will discuss options with you.*