

Dear Client,

Thank you for contacting Zest For Life Counselling & Training Centre.

If you have any difficulties with this form please contact us and we will gladly help you.

Before we can set up your first appointment, we would ask you to kindly fill out the following information, which will be kept completely confidential.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If we don't manage to talk to you directly may we leave you a voicemail? Yes / No

You will be offered a first appointment as soon as one becomes available.

If you cannot attend this appointment it is very important that you let us know as soon as possible. This would allow us to offer your appointment time to someone else. Of course, we will be very happy to rearrange your appointment for a more suitable time.

Please note:

- If you are coming for counselling for yourself, it is not suitable to bring children with you.
- If a child is coming for counselling we require that the first appointment be with the parents / guardians.

If you do not return this form we will assume that you no longer require an appointment at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Administration  
Zest For Life Counselling & Training Services  
54 Bridge Street,  
Bainbridge  
Co Down  
BT32 4DQ

Thank you