

Liz Dore Relationships & Sexuality Counselling

Client Details

Date / /

Name	
Date of birth	
Address	
Phone no.	
Personal Goal	
Living situation	
Support provided by	
Next of kin	
Contact details	
Person referring client	
Contact details	
Goal if any, of person making referral (or next of kin)	
Other Comments	

All client details will be kept private and will not be shared without the permission of the client.