

**S21b
CAIRNS COUNSELLING CENTRE**

CONFIDENTIAL

Please provide us with the following information –

Date:

Name.....

Address.....

.....

..... Postcode.....

Date of Birth..... Age.....

Tel Nos. Home..... Work.....

Mobile.....

Name and address of your Doctor.....

.....

Please circle days and times when you would be available to attend counselling sessions.
NB These would usually be at the same time each week.

Monday	Tuesday	Wednesday	Thursday	Friday
9am-1pm	9am-1pm	9am-1pm	9am-1pm	9am-1pm
1pm- 5pm	1pm- 5pm	1pm- 5pm	1pm-5pm	1pm-5pm
5pm- 8pm	5pm- 8pm	5pm- 8pm		

Female counsellor..... Male counsellor No preference

Please give us any information you feel may be helpful to us about your present situation: