



Online and telephone counselling assessment

Please answer the questions listed below prior to returning the agreement document. The information you provide helps to form the initial assessment of online counselling being suitable as support for you and the personal issues you would like to explore in counselling.

This document consists of four pages and includes two forms that assess depression and anxiety. Please complete all sections.

- Please provide brief details below regarding the issues you would like to explore in counselling:
- Have you received counselling, psychological, or crisis intervention support in the past, or are receiving such support currently? If so please provide brief details of the nature and outcome of the support received and also what you found helpful/unhelpful from the support?
- If you are currently taking medication for a mental health issue, please include details and dosage below:
- Do you have the support of a friend or family members if you needed to talk to someone about a personal matter which is troubling you if you became distressed during the process of counselling?
- Please let me know if you have any current thoughts about ending your life and whether you have at any time in the past had such thoughts or have acted upon them and, if so please, outline what support you sought at the time to overcome the suicidal thoughts?

GAD-7

Over the last 2 weeks how often have you been bothered by any of the following problems?

Please highlight your answer according to the following scale:

not at all (0) several days (1) more than half the days (2) nearly every day (3)

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

GAD-7 total score =

PHQ-9

Over the last 2 weeks period) how often have you been bothered by any of the following problems?
Please highlight your answer according to the following scale:

not at all (0) several days (1) more than half the days (2) nearly every day (3)

- | | | | | | |
|----|--|---|---|---|---|
| 1. | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. | Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. | Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. | Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. | Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. | Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. | Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. | Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

Total:

Please complete the information below and return the agreement to me at jmillaronline@protonmail.com as an attachment if you would like to proceed with online or telephone counselling:

Full name:

Address:

Date of Birth:

Emergency contact number (in the event of technology breakdown which disrupts a counselling appointment):

The details requested below, in respect of your GP, and home address are taken in order I need to ask your permission to secure additional support for you. The earlier question about serious self-harm also addresses safety, as I do need to gather this information to help assess if online counselling is suitable as support for the issues you would like to bring to your sessions.

GP Name and Address:

Are you seeking counselling via telephone, internet voice only (VOIP) or webcam?