**Data Protection Act 2018**

Personal data collected by Mind in Enfield and Barnet will be used for administrative purposes only. This information will be stored confidentially on a secure electronic system.

**Please tick to agree to this statement**

**CLIENT DETAILS**

Title: Title Forename: Enter information

Middle Name: Enter information Surname: Enter information

D.O.B.: Click to enter a date

Address Line 1: Enter information Address Line 2: Enter information

Town/City: Enter information Post Code: Enter information

Contact No.: Enter information Do you give Consent to call  Voicemail Consent  SMS Consent

Email Address: Enter information Do you give: Consent to email

DOVE Office Contact Preference : Call ☐ Email ☐

Contact preference for counselling sessions: Telephone ☐ Online ☐ Face to Face ☐

Suitable days and timings for counselling sessions:

**CLINICAL INFORMATION**

GP Surgery: Enter information

GP Name: Enter information Please tick the box if you give consent for GP access

Physical Restrictions: Select a Physical Restriction

Main reason for referral: Enter information

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: Enter information Relationship: Enter information

Address Line 1: Enter information Address Line 2: Enter information

Address Line 3: Enter information Town/City: Enter information

Post Code: Enter information Contact No.: Enter information

How did you hear about us? Website ☐ Google ☐ Social Media ☐ Another Mind Service ☐ Professional i.e. GP ☐ Family / Friend ☐ Other ☐

If other please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking an interest in the Mind in Enfield and Barnet DOVE Counselling Service**

**please send your completed form via email to**

**Dove@mindeb.org.uk**