



The Personality Revolution

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Client Information Form

The information you provide on this form will be treated confidentially in accordance with our terms and conditions which are set out on our website: www.thepersonalityrevolution.com

Full Name:

Date of Birth: **Age:** **Gender Identity:**

Ethnicity/Race: **Relationship Status:**

Occupation: **Sexual Orientation:**

Religious/Spiritual Affiliation: **How often do you attend?**

Address (including postcode):

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.....

Telephone number: **Ok to leave message?**

Email address:

Preferred Method of Contact:

Emergency contact (who we may contact in the event of a medical emergency):

Name, phone: **Relationship?**

Please give a brief summary of the reasons that you are seeking personality guidance:

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Are currently taking any medication or receiving treatment or counselling in relation to any mental health issue? If so, please describe:

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Name and address of doctor:

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Name and address of counsellor (if currently receiving counselling):

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How did you find out about The Personality Revolution?

Signature:

Date:

Thank you! We look forward to meeting you!