

Adult Psychoanalytic Psychotherapy Service (Edinburgh)

Confidential Preliminary Enquiry Sheet

Please return this form (marked 'In Confidence') to:

The Clinical Coordinator

Adult Psychotherapy Service, SIHR, 172 Leith Walk, Edinburgh EH6 5EA

Name:

Title:

(Dr, Mrs, Ms, Mr, Prof, etc)

Date of Application:

Date of Birth:

Address:

Telephone

Work:

Home:

Postcode:

Mobile:

Occupation:

Gender:

Do you have any special requirements that it would be important for the assessor to know about before seeing you?

FEES

Assessment: £65 - £75 (Usually lasts 60 - 90 minutes)

Basic fee per session: from £45 (Negotiable: session lasts 50 minutes)

Personal information will be held and processed by SIHR according to the Data Protection Act (1998). This information will be used by SIHR to administer and manage the service.

FOR ADMINISTRATIVE USE ONLY

Assessor:

Therapist:

Outcome:

Date form received:

Date assessed:

Date therapy started:

Source of referral:

CONFIDENTIAL CLINICAL INFORMATION

We would like to know something about your difficulties. Could you please use the back of this sheet to tell us, if you can, about the following:

1. Please briefly describe your difficulties
2. What do you think causes these difficulties?
3. How do you think psychotherapy might help?

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EQUAL OPPORTUNITIES MONITORING FORM - CONFIDENTIAL

Please note that details supplied on this form may be held in electronic and paper files for administration purposes only during the assessment and treatment process after which they are shredded and disposed of.

The Scottish Institute of Human Relations has an equal opportunities policy. The SIHR is monitoring details of applicants' sex, ethnic origin, marital status, age and disabilities so that we can ensure that our recruitment is fair and does not discriminate against any group. We would be grateful therefore if you would complete this form.

The information provided in the monitoring form is not used in the assessment process. It is used purely to monitor the effectiveness of SIHR's Equal Opportunities Policy.

The practitioners involved in your assessment and treatment do not see the information contained in these monitoring forms.

| | |
|--|--|
| Name: | |
| Age: | |
| Where did you see the advert / hear of the Adult Psychoanalytic Psychotherapy Service? | |

1. **Gender** Male Female
2. **Marital Status** Married Unmarried
(use this box if you are widowed, divorced, separated or single)
3. **What is your Ethnic Group?**
- White
- Irish
- Black African
- Black Caribbean
- Black other
- Indian
- Pakistani
- Bangladeshi
- Chinese
4. **Date of Birth**

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ACCESS REQUIREMENTS - CONFIDENTIAL

The SIHR welcomes applications from all sections of the community. We welcome applications from disabled people and will make reasonable adjustments necessary for candidates to participate on equal terms in the treatment process.

The Scottish Institute of Human Relations would be grateful if you could provide the following information. You do not have to disclose any disability, but if you do, you will be protected under the terms of the Disability Discrimination Act (1995) and will allow SIHR to make any reasonable adjustments necessary to the assessment and treatment process.

| | |
|--|--|
| <i>Name:</i> | |
| <i>Age:</i> | |
| <i>Do you consider yourself to be a disabled person under the terms of the Disability Discrimination Act (1995)?</i> YES / NO * <i>* Please delete as appropriate</i> | |
| <i>What is the nature of your disability?</i> | |
| <i>Do you have any disability related access requirements? (e.g. accessible premises to attend appointments, information in an alternative format or other adjustments?)</i> | |