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| --- | --- |
|  Name |  |
| Home Address |  |
| Telephone Number |  |
| Date of Birth |  |
| Gender Identification |  |
| Preferred Pronouns |  |
| Sexual Orientation |  |
| Ethnicity |  |

|  |  |
| --- | --- |
| Emergency Contact |  |
| Address of Emergency Contact |  |
| Telephone Number |  |
| Relationship |  |

|  |  |
| --- | --- |
|  G.P Surgery  |  |
| G.P Address |  |
| G.P Telephone Number |   |

Please state any medical details that we should be aware of in the event of an emergency, e.g. diabetes, epilepsy.

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| How did you find Eating Disorders Edinburgh? Google, Word of Mouth, Psychology Today, Beat Helpfinder, a professional referral, or somewhere else? |

This information will be treated confidentially as per our Counselling Contract, and that in the case of an emergency or major concern, your emergency contact or G.P. may be contacted.

Last Updated May 2022