



# LONDON PSYCHOLOGIST

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Consultant Clinical Psychologist & Accredited Cognitive Behaviour Therapist

Tel: 07989 242 711

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Please write your full name:

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What's your date of birth?

Gender:            Male  
                         Female

D.O.B:            \_\_\_ \_\_\_ \_\_\_    AGE \_\_\_ \_\_\_  
                         day mon year

What is your address? Please include postcode

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Email address:

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Your mobile number or other contact number

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Any alternative work / home telephone numbers?

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Is it OK for me to leave a message on this number? If so what should I say?

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What is your GP's name, address and phone number?

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How were you referred to me?

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Will you be paying for the sessions yourself or are they covered by medical insurance?

Self-funded / Insurance

If insured, please state policy number:

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And pre-authorisation number:

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**Declaration:**

*I am aware that the sessions cost £120 per hour. If I do not provide 48 hours' notice of cancellation (regardless of the reason for cancellation) I will be liable for payment in full for that session. If some or all of my fees are to be paid by medical insurance, I retain responsibility for ensuring that the fees are paid timeously and in full.*

Signature:

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Today's date:

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