

Consent Form

Therapist Name:

**Safety Concerns**

As with any psychosexual therapy appointment, I know that people can experience thoughts about harming themselves or others.

I also know that people can be at risk of harm from other people. When I offer appointments face-to-face, I am able to create a plan together to manage any risks of harm to you or others. Sometimes this means I will support someone to attend A&E to access emergency care. At other times, I might arrange for someone to visit you in your home to support you.

When offering sessions over the video, it is important for me to know where you are during the appointment. This will allow me to contact your local services should you need additional support.

Address where you plan to be during your telephone or video appointments:

.....  
.....



**Do you prefer have session link send to your phone number or email address?**

- Phone number:** .....
- Email address:** .....
- Both (don't mind)**

Client Signature: .....

Client Name: .....

Date: .....

