

## SELF-REFERRAL FOR LOW-COST COUPLE SEX THERAPY

This form is designed for couples interested in accessing affordable sex therapy together. Both partners are required to complete the form.

| <b>PARTNER 1</b>                   |  | <b>PARTNER 2</b>                   |  |
|------------------------------------|--|------------------------------------|--|
| <b>Personal Details:</b>           |  |                                    |  |
| Name                               |  | Name                               |  |
| Pronouns                           |  | Pronouns                           |  |
| Date of birth                      |  | Date of birth                      |  |
| Gender                             |  | Gender                             |  |
| Sexual orientation                 |  | Sexual orientation                 |  |
| Religion or faith:                 |  | Religion or faith:                 |  |
| Occupation                         |  | Occupation                         |  |
| Contact Information (Phone/Email): |  | Contact Information (Phone/Email): |  |
| Address                            |  | Address                            |  |
| GP details                         |  | GP details                         |  |
| Emergency contact                  |  |                                    |  |

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| PARTNER 1                                |  | PARTNER 2                                |  |
|--|--|--|--|
| <b>Physical and mental health:</b>       |  |  |  |
| Current medication and dose:             |  | Current medication and dose:             |  |
| Neurodiversity (ADHD, Autism, OCD etc):  |  | Neurodiversity (ADHD, Autism, OCD etc):  |  |
| Current physical fitness:                |  | Current physical fitness:                |  |
| Alcohol consumption:                     |  | Alcohol consumption:                     |  |
| Recreational drug use:                   |  | Recreational drug use:                   |  |
| Current health problems:                 |  | Current health problems:                 |  |
| Current mental health problems:          |  | Current mental health problems:          |  |
| Obesity:                                 |  | Obesity:                                 |  |
| Self-harm:                               |  | Self-harm:                               |  |
| Domestic violence or abuse:              |  | Domestic violence or abuse:              |  |
| Disordered eating:                       |  | Disordered eating:                       |  |
| Recent life changes or stressful events: |  | Recent life changes or stressful events: |  |

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## SELF-REFERRAL FOR LOW-COST COUPLE SEX THERAPY

Current situation:

Recent life changes or stressful events:

Reason for seeing a therapist now:

Biggest fears about your situation:

Hopes about your situation:

Aims for therapy:

Ideal outcome:

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|  |   |                                       |
|--|---|---------------------------------------|
| Do you agree to be contacted via email?  | YES   | NO                                    |
| Please provide preferable email address:   |   |                                       |
| Preferred appointment time:<br><ul style="list-style-type: none"> <li>Unfortunately, we cannot offer another appointment option presented here.</li> </ul> | Wednesday   | 19:00                                 |
|  |   | 20:00                                 |
|  | Thursday  | 19:00                                 |
|  |   | 20:00                                 |
|  | Friday  | 18:00                                 |
|  |   | 19:00                                 |
|  |   | 20:00                                 |
|  | Saturday  | 9:00                                  |
|  |   | 10:00                                 |
|  |   | 11:00                                 |
| Payment preferences  | Bank transfer   | PayPal                                |
| Payment preferences  | Due to each session of therapy (£40 per each session) | In one instalment:<br>12 x £40 = £480 |

Thank you very much for sharing and trusting us with this intimate and personal information.

Referral form should be sent to **Justyna:** [justyna@jkltherapycentre.com](mailto:justyna@jkltherapycentre.com)

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