

SELF-REFERRAL FOR LOW-COST INDIVIDUAL SEX THERAPY

This form is designed for individuals interested in accessing affordable individual sex therapy.

Personal Details:	
Name	
Pronouns	
Date of birth	
Gender	
Sexual orientation	
Religion or faith:	
Occupation	
Contact Information (Phone/Email):	
Address	
GP details	
Emergency contact	

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

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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: <ul style="list-style-type: none"> Unfortunately, we cannot offer another appointment option presented here. 	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 (£30 per each session)	In one instalment: 12 x £30 = £360

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

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