

Part 1 – client contact details

Client name:		Are there any times/circumstances when it is not ok to contact you?:
Address:		
Telephone:		
Email:		

Part 2 – GP contact details and medication

GP name:		Current additional mental health care (consultant/RMN etc)?:		
Practice & Address:				
Telephone:				
Medication:	<u>Medication</u>	<u>Dose</u>	<u>Since</u>	<u>What for?</u>

Contact with GP and disclosure

I consent to Chris Willoughby contacting my GP if there are concerns that my welfare, or the welfare of others, may be seriously at risk. I understand that, wherever possible, I will be consulted before any breach of confidentiality in such circumstances.

Signed (client): _____ Date: _____

Signed (Chris Willoughby): _____ Date: _____