

Date:

Name:



## What I would like the therapist to know...

Please use this document to indicate any information you think would be useful for your therapist to know, for example any information may help how to get the best out of treatment.

How would you prefer to be addressed?

*E.g. First name/Mum/Mrs Smith*

Is there any terminology/language that you would prefer your therapist to not use?

*E.g. Worries vs. Generalised anxiety disorder; seizures vs. fits, mental illness*

Is there anything about **yourself** (parent/carer) that you would like your therapist to be aware of?

*E.g. Disabilities, difficult circumstances*

Is there anything else about **your family** that you would like your therapist to be aware of?

*E.g. newly diagnosed, recently moved house/school*

*We understand that circumstances change so if you would like this to be reviewed or updated during treatment please let the therapist know.*