

# Booking Confirmation Form

**STRICTLY CONFIDENTIAL**

Please: 1. Book your appointment first by telephone. 2. Return this form.

**You:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel \_\_\_\_\_

Work Tel \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**Your child:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_  
\_\_\_\_\_

Please tick the service you require:-

- 1. **Full Assessment**
- 2. **Exam concessions**
- 3. **Review/update**

Why would you like to consult us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child seen a psychologist before?

If so, when were previous assessments made? \_\_\_\_\_  
\_\_\_\_\_

