Information for Consultations

We ask you to complete this form as part of the consultation process. All information given in this form is confidential to THE WINN CLINIC.

Mr/Mrs/Miss/Ms/Dr Please Underline	
Surname	First Name
Former Surname (if any)	
Address	
Telephone	e
Email Address which we may write to you	
Date of Birth	Age
Occupation	Work/Study Location
1. Are you Married, Single, living with a Partner, Se	
Doctor's Address	
	Doctor's Telephone

2. Please describe the nature of your difficulties and how they affect your life.	
3. What aspects of your life give you satisfaction?	
4. Why did you think of contacting this clinic for help with your difficulties?	
5. How did you find details of how to contact this Clinic? (eg. Recommendation from a professional; friend, leaflet, website, etc.)	

6. How do you think psychoanalytic treatment might help you?
7. Please tell us something about your family (with ages) and also your childhood including any significant experiences.
8. Please tell us something about your personal relationships.

9. Please tell us something about your schooling and later education (including qualifications) and also any current studies or training.	
10. Please give a brief summary of your employment since leaving school.	
11. What are your responsibilities and prospects in your employment? Please mention any satisfactions or difficulties you have experienced at work.	

12. If you have had any previous psychiatric treatment or psychotherapy, please could you give details and briefly describe the outcome.
13. Please give details of any past or present illness or disability.
14. Please add any other information you think might be useful.

5.	psychoanalytic psychotherapy. Psychoanalysis is usually four or five sessions a week and psychoanalytic psychotherapy can be three, two, or one session a week.
	THE WINN CLINIC is sometimes able to offer low-fee five times weekly treatment. The level of fee is agreed according to financial means.
	In the event of the clinic referring you to further treatment, it would be helpful to have the following information:
	a) Present MONTHLY income after tax (if married or living with a partner, state joint income please)
	b) Capital resources
	c) Given that you may be referred for anything between 1 and 5 sessions per week, what is the amount per week that you would be able to pay for analytical treatment?