Starting Point Therapy

A Starting Point for Change

Client Forms Pack

Forms for enquiry, registration, consent and therapy goals. These are for planned, non-urgent enquiries only.

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Contact	startingpointtherapies@outlook.com
Service	CBT-informed talking therapy for adults aged 18+
Location	Glasgow & online
Version	Version 1.1 | 8 July 2026

Initial enquiry form

Please complete as much as you feel comfortable sharing. Do not use this form for urgent or emergency support.

Full name

Preferred name

Pronouns

Date of birth / confirm 18+

Email

Phone

Is it safe to leave voicemail/email?

Postcode / area

Are you currently in Scotland/UK?

Preferred format	Online / Glasgow-based / either
What would you like support with?	Anxiety / low mood / stress / burnout / perfectionism / self-esteem / life transitions / other
Are you currently receiving therapy elsewhere?	Yes / No
Are you under a CMHT/crisis team/psychiatrist?	Yes / No
Any recent urgent thoughts of harming yourself or ending your life?	Yes / No / prefer to discuss

Preferred days/times

Briefly, what brings you to therapy?

How did you hear about Starting Point Therapy?

Crisis note

Submitting this form does not create a therapy agreement. If you need urgent help, phone 999, attend A&E; or phone NHS 24 on 111.

Client registration form

Full legal name

Preferred name

Date of birth

Age - confirm 18+

Address

Postcode

Phone

Email

Safe contact preferences

Emergency contact name

Emergency contact relationship

Emergency contact phone/email

GP name/practice

GP address/phone

Medication and relevant health information

Accessibility needs / adjustments

Online session location usually used

Consent to contact GP/emergency contact if serious risk arises	Yes / No / discussed

Consent and agreement form

Please tick or initial each statement if you agree. You may ask questions before signing.

I confirm I am aged 18 or over.	Initial: _____
I have read and understood the therapy agreement.	Initial: _____
I understand confidentiality and its limits.	Initial: _____
I understand this is not a crisis or emergency service.	Initial: _____
I understand fees, payment and cancellation terms.	Initial: _____
I consent to online therapy if sessions take place online.	Initial: _____
I consent to my information being processed as explained in the privacy notice.	Initial: _____
I agree to provide up-to-date GP/emergency contact details for safety purposes.	Initial: _____

Agreed standard session fee

_____

Client name

_____

Client signature / email confirmation

_____

Date

_____

Practitioner signature

_____

Date

_____

Therapy goals and first-session notes

This optional page can help you think about what you would like therapy to support.

What feels most difficult at the moment?

How is this affecting daily life?

What would you like to be different?

What have you already tried?

What strengths/supports do you have?

What would feel like a helpful first step?

Anything important you would like me to know?
