

## PERSONALISED MATCHING SERVICE

**Please provide as much information as you can to the following questions. The more you tell us, the better the match and the more likely you are to have a successful experience with therapy. Please return your form to [matching@welldoing.org](mailto:matching@welldoing.org)**

### CONTACT DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact number \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

### DEMOGRAPHIC DETAILS

The following details are optional and should only be completed if relevant to your issue

Sexual orientation \_\_\_\_\_

Religion and culture \_\_\_\_\_

### THERAPY DETAILS

Preferred therapy      In-person       Online       Blended

For in-person therapy, postcodes/areas \_\_\_\_\_

Availability (days, times)

Monday	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	_____

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### THERAPY DETAILS / CONTINUED

Skype/Facetime Username

*only required for online therapy*

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Do you have a budget in mind for your therapy?

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Would you prefer a therapist you can book and pay online?

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Would you prefer to see a man or woman?

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Would you prefer a therapist who comes from a particular cultural background?

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Would you prefer a therapist who speaks a language other than English?

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### MEDICAL DETAILS

Are you currently taking medication?

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Have you been referred by a GP or other health professional?

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If yes, are you able to attach their referral letter?

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### HISTORY

Have you been to therapy before for this or another issue?

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If you have, do you know what style of therapy was used?

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Did you consider this successful?

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If not, why not?

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## PERSONALISED MATCHING SERVICE

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### CURRENT ISSUE

Please describe the main issue you are seeking help for, along with any background details you feel are relevant.

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Are you looking for help in coping? \_\_\_\_\_

Do you want to have a better understanding of patterns in your life? \_\_\_\_\_

Are you interested in mind/body types of therapy? \_\_\_\_\_

Do styles such as art therapy or play therapy appeal to you? \_\_\_\_\_

### FOLLOW UP

**Once we have received and your information has been reviewed by a professional therapist, we may contact you to request specific information that will assist the matching process.**

**The details you enter on this document may be seen, in an anonymised form, by the therapist proposed for you.**