

COUNSELLING AIMS – SESSION 1



To ensure that you receive the counselling service that best meets your needs please complete this form.

To help identify areas you wish to address during your counselling sessions, please rate your levels of concern towards the issues by circling the appropriate numbers below:

If you would like help completing this form, please speak to your therapist or a member of the team.

0 – Not at all

1

2

3

4

5 - Extremely

Approach to living with change/uncertainty after a cancer diagnosis	0	1	2	3	4	5
Ability to support and cope with someone close to you who has had a cancer diagnosis	0	1	2	3	4	5
Ability to understand feelings/problems	0	1	2	3	4	5
Anxiety/Stress	0	1	2	3	4	5
Feelings of isolation	0	1	2	3	4	5
Day to day functioning	0	1	2	3	4	5
Coping with bereavement – the impact of someone who has died or the fear of dying	0	1	2	3	4	5
Someone to discuss feelings with	0	1	2	3	4	5
Other:	0	1	2	3	4	5
Other:	0	1	2	3	4	5

Please provide any further comments:

We may not provide the service you wish but we may be able to advise you of someone who can be of assistance.

If you would like to discuss any information on this form, please speak to your therapist or Madaline Alexander on 0141 337 8199 or 0800 652 4531 email: madaline.alexander@cancersupportscotland.org

Please note, the results from these forms will be used to promote our services and apply for funding in order to sustain our support services. Your feedback will be kept strictly anonymous/confidential at all times. If you are happy for us to use this info please tick box ☐

On behalf of Cancer Support Scotland, thank you for completing this form.

www.cancersupportscotland.org

OFFICIAL USE					
LOCATION		CLIENT ID		DATE COMPLETED	