

**CGST COUNSELLING CENTRE**  
**CARIBBEAN GRADUATE SCHOOL OF THEOLOGY**  
18 West Avenue, Kingston 8  
(876) 832 - 2898  
Email: [tccdirector@cgst.edu.jm](mailto:tccdirector@cgst.edu.jm)

**CLIENT'S PERSONAL DATA SHEET**

Welcome to the **CGST Counselling Centre**. Our commitment is to ensure that you make the most of your counselling experience. Please complete this form before your first appointment and submit it to your counsellor/therapist. **This information is confidential.** If you have concerns about any information requested, please feel free to omit same and make queries or discuss them with your counsellor/therapist.

Client's Name: \_\_\_\_\_

Parent's/Guardian's Name (If Minor) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Age: \_\_\_\_\_      Gender: Male / Female

Home Address: \_\_\_\_\_

School (If Minor) \_\_\_\_\_

Home #: \_\_\_\_\_      Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_      Other #: \_\_\_\_\_

On what number may we leave a confidential message? Home \_\_ Cell \_\_ Other \_\_

Email: \_\_\_\_\_ May we send you emails?      Yes       No

\*Emails may not be confidential

Emergency Contact (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

What brings you here at this time? (Problem) \_\_\_\_\_

What have you done about your problem before? \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counsellor's Signature \_\_\_\_\_ Date \_\_\_\_\_