



# BRADLEY KNIGHT

## CLINICAL PSYCHOLOGIST

MA Clinical Psychology and Community Counselling (Stell.)  
HPCSA PS: 0131393 | PR NO: 0757144

### PSYCHOTHERAPY SCREENING FORM

*This form needs to be completed before an appointment is finalised in order to determine whether I am able to provide the specific service and support you require. Please mark with an X where appropriate.*

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### REFERRAL INFORMATION

Self-referred: ☐ Referred by: 

Friend	Colleague	Family Member	GP	Psychiatrist	Other
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Referrer Name & Surname: \_\_\_\_\_

Related to someone in therapy with me? YES ☐ NO ☐

### PSYCHOTHERAPY HISTORY

Have you seen a Psychologist or Psychiatrist before? YES ☐ NO ☐

If so, please explain why and if you found it helpful.

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Previous psychiatric admissions? YES ☐ NO ☐ Psychiatric Medication? YES ☐ NO ☐

If so, please indicate where you were admitted and which medication(s) you use:

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In your own words, please briefly explain the main reason(s) for seeking therapy.

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Medical Aid ☐ Private ☐ Legal matters that could result in a subpoena/request for a court report? YES ☐ NO ☐

Any other important information to be aware of:

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