



BACKGROUND INFORMATION - CONFIDENTIAL

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel. No: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Family Details: \_\_\_\_\_

Doctor: \_\_\_\_\_ Contact Number (in case of emergency): \_\_\_\_\_

Have you ever suffered any serious medical problems? \_\_\_\_\_

Have you ever suffered any form of psychiatric illness? \_\_\_\_\_

Details: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Other information you think we ought to be aware of: \_\_\_\_\_

How would you define your problem? \_\_\_\_\_

Philippi Trust, P.O. Box 3880, Somerset West 7129  
Alexandra Building, Main Road, Somerset West  
Tel: 021 852 7659 Fax: 021 852 7632  
headoffice@philippitrust.co.za  
#015-794NPO

**Trustees:**

Colleen Lester, Jonathan George CA (SA), Anelia Coetzee, MBA, MURP, Nicholas Kerr M.Phil. USB

---

In what way do you see us being able to help? \_\_\_\_\_

---

---

---

Previous Counselling: \_\_\_\_\_

---

---

---

How were you made aware of Philippi Trust? \_\_\_\_\_

---

---

---

Please indicate days, times and telephone numbers where we can contact you. \_\_\_\_\_

---

---

When would be the most suitable times for counselling? Please give as many choices as possible. Latest evening appointment is 5.00 p.m.

Monday	_____	Morning	_____	Afternoon	_____
Tuesday	_____	Morning	_____	Afternoon	_____
Wednesday	_____	Morning	_____	Afternoon	_____
Thursday	_____	Morning	_____	Afternoon	_____
Friday	_____	Morning	_____	Afternoon	_____

If you have any difficulties at all in completing this form, please telephone the office and we will offer all the help we can.

**CHARGES FOR COUNSELLING:**

Philippi Trust is a non-profit organization. All funds received through counselling are being used to cover the administrative and running costs of this organization. **The amount of R250 cash is charged for a 50 minute session.**

We recognize that there may be those who are unable to pay the charged amount. For that reason we do have sponsorship available. This is to ensure that we can accommodate everyone who applies for counselling. Sponsorship is limited and subject to Management's discretion– applications are available on request, but must be submitted prior to the commencement of counselling. Please contact 021 852 7659 or email [joan@philippitrust.co.za](mailto:joan@philippitrust.co.za) in regards to sponsorship for counselling.

Philippi Trust, P.O. Box 3880, Somerset West 7129  
Alexandra Building, Main Road, Somerset West  
Tel: 021 852 7659 Fax: 021 852 7632  
headoffice@philippitrust.co.za  
#015-794NPO

**Trustees:**

Colleen Lester, Jonathan George CA (SA), Anelia Coetzee, MBA, MURP, Nicholas Kerr M.Phil. USB