Dr. Nicolas Benard

Consultant Psychiatrist · Dublin, Ireland · benard.nicolas88@gmail.com

Patient Information Form - CBT Therapy

Please complete this short form before your consultation. You may leave any question blank if you are unsure or prefer to discuss it during the appointment.

PATIENT DETAILS

Full name

Date of birth

Phone

Email

Home address

GP CONTACT

GP name

GP practice

GP contact details / address

EMERGENCY CONTACT

Name

Relationship to you

Phone

Email (optional)

REASON FOR CONSULTATION

Please briefly describe the main reason for your consultation and what you would like help with.

Dr. Nicolas Benard

Consultant Psychiatrist · Dublin, Ireland · benard.nicolas88@gmail.com

MENTAL HEALTH HISTORY

Please briefly note any previous mental health diagnoses, psychiatric care, therapy, hospital admissions or relevant assessments.

THERAPY / CBT INFORMATION

Have you had psychological therapy or counselling before?

☐ Yes ☐ No ☐ Not sure

If yes, what type of therapy, roughly when, and for how long?

What would you like to focus on or work towards in CBT?

Is there anything about previous therapy (if any) that was particularly helpful or unhelpful? (optional)

CURRENT MEDICATION

Please list your current medication, including dose and frequency where known.

MEDICAL HISTORY

Please note any significant current or past medical conditions, operations, hospital admissions, allergies or other relevant medical information.

Dr. Nicolas Benard

Consultant Psychiatrist · Dublin, Ireland · benard.nicolas88@gmail.com

FAMILY HISTORY

Please note any relevant family history of mental health, neurodevelopmental, neurological or other significant medical conditions.

ADDITIONAL INFORMATION

Please add anything else you think may be useful for your assessment.

GP COMMUNICATION AND CONSENT

Your consent allows relevant information to be exchanged with your GP where appropriate for your assessment and ongoing care.

I authorise Dr Nicolas Benard to contact my GP to request relevant clinical information.

☐ Yes ☐ No

I authorise Dr Nicolas Benard to contact and communicate with my GP where appropriate for the coordination of my care.

☐ Yes ☐ No

Useful documents

If available, you are invited to attach or bring a recent GP letter, and a copy of any previous therapy or assessment reports, where relevant. If you do not have these documents, you can still complete and return this form.

Please return this form using the secure communication method agreed with the practice. This form is not intended for urgent or emergency communication.