**Anxiety UK Therapy Booster Form**

**Please return this document to referrals@anxietyuk.org.uk**

\*Please note that you can access up to 6 top up sessions within 6 months of completing therapy.

**Please advise the name of the therapist you were previously seeing (please note if you original therapist is not available or has capacity to see you we will discuss alternative options with you.)**

Name:

**Address:**

**Post code:** **DOB (DD/MM/YYYY):**

**Daytime Telephone Number:**

(Please note it is essential that we are able to contact you by telephone.)

Email address:

**When did you finish your therapy interaction :**

**Please give brief details of any changes in your circumstances/condition since you last accessed therapy with Anxiety UK.**

Please note that to receive any discounted therapy sessions you must have an active Anxiety UK membership