

## Sandhurst Counselling Service

### Counselling Enquiry Form

Please complete this form before your initial session.

#### Personal Information

Full Name:				
Date of Birth:				
Pronouns:	<input type="checkbox"/> she/her	<input type="checkbox"/> he/him	<input type="checkbox"/> they/them	<input type="checkbox"/> other
Address:				
Phone Number:				
Email Address:				

#### Availability

Please tick all the time slots that you are available for, as this will help us allocate you to a suitable practitioner. Please note that while we will do our best to match your preferences, your availability will be reviewed based on practitioner availability.

Day	Morning 10-12 pm	Lunchtime 2-5 pm	Evening 5.30-8.30 pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			Closed

Please describe briefly why you are seeking help at this time:

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Have you had counselling or therapy before?

☐ Yes ☐ No

If yes, please can you share more details?

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How would you like us to contact you?

☐ phone call:

☐ email:

How did you hear about us?

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#### Consent

☐ I understand that the information provided in this form is confidential and will only be shared if there is a risk to my safety or others.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_