



# Sandhurst Counselling Service

## Client Referral Form

Full name	
Date of Birth	
Preferred 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	
How would you like to be contacted?	

### **Preferred session start times:**

Please tick all the time slots that you are available for, as this will help us allocate you to a suitable practitioner.

Day	Morning (10.00, 11.00, and 12.00)	Afternoon (3.00, 4.00, and 5.00)	Evening 6.00, 7.00, and 8.00)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday		Closed	Closed

Please describe briefly why you are seeking help at present?	
Have you had counselling/ therapy before?	
How did you hear about us?	
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.	YES/NO

Please email this form to [scs@sandhurstcounselling.org.uk](mailto:scs@sandhurstcounselling.org.uk),  
or post it to St Michaels Pastoral Centre, Lower Church Road, Sandhurst, GU47 8HN