



Counselling Referral Form

Client Information:

- Full Name: _____
- Age: _____ Gender: _____
- Contact Number: _____
- Email Address: _____
- Date of Assessment: _____

Reason for Seeking Counselling:

Current Concerns (Check all that apply):

- Stress
- Anxiety
- Depression
- Relationship Issues
- Work/School Problems
- Other (Specify): _____

Counselling History:

- Have you sought counseling before?
 - Yes
 - No
- If yes, when and for what purpose?

Goals for Counselling:

Additional Notes:

Signature: _____

Date: _____