



# CLIENT CONSULTATION FORM

*Client information*

*and Consent*

FULL NAME:	
DATE OF BIRTH:	OCCUPATION:
ADDRESS:	
CITY:	POST CODE:
E-MAIL:	PHONE:

PLEASE SELECT THE AREAS WHERE YOU ARE SEEKING GUIDANCE:

NATURE OF THE REQUEST (PLEASE CIRCLE THE ISSUE):	
<p>1. <b>MARITAL DISCORD:</b> CONSTANT ARGUING, COMMUNICATION BREAKDOWN, OR LOSS OF AFFECTION.</p> <p>2. <b>RELIGIOUS CONCERNS:</b> STRUGGLE WITH DAILY PRAYERS, LOSS OF FAITH, OR DIFFERING LEVELS OF PRACTICE BETWEEN SPOUSES.</p> <p>3. <b>FAMILY MEDIATION:</b> DISPUTES WITH IN-LAWS, PARENTS, OR ADULT CHILDREN.</p> <p>4. <b>LEGAL/SHARIAH ADVICE:</b> QUESTIONS REGARDING NIKAH, TALAQ, KHULA, OR INHERITANCE.</p>	
CURRENT STATUS:	
A PRIVATE SESSION FOR YOURSELF ONLY.	
A JOINT SESSION FOR YOU AND YOUR SPOUSE/FAMILY MEMBER.	
A FORMAL SHARIAH RULING (FATWA) ON A SPECIFIC MATTER.	
HOW URGENT IS THIS?	

WHAT IS YOUR PRIMARY HOPE FOR THIS COUNSELING?	
PREFERRED MEETING TIME:	
SIGNATURE:	DATE:

YOUR TRUST IS SACRED TO US. ALL CONVERSATIONS ARE HELD IN THE STRICTEST CONFIDENCE. IF THERE ARE SAFETY CONCERNS OR LEGAL MATTERS WE SHOULD BE AWARE OF TO BETTER SUPPORT YOU.

Email: [Info@surreymosque.com](mailto:Info@surreymosque.com)

