



Client Code: \_\_\_\_\_



St Vincent Support Centre, Curtis Building, 4 Berking Avenue (off Curtis Building, 4 Berking Avenue (off York Road), Leeds LS1 9LF  
T: 0113 248 4126 F: 0113 240 6678 Email: [jacque.williams@stvincents-svp.org.uk](mailto:jacque.williams@stvincents-svp.org.uk) Web: [www.stvincents-svp.org.uk](http://www.stvincents-svp.org.uk)

### Counselling Self Referral Form

Date of Referral.....

#### Clients Details

Name:
Address:
Postcode:
Contact Tel No:
Date of Birth: <span style="float: right;">Male/Female (please circle)</span>

<b>How did you hear about our service?</b>

#### Ethnic Origin of Client:

White	Black or Black British
British	Caribbean
Irish	African
Other (please specify)	Other (please specify)
Mixed	Asian or Asian British
White & Black Caribbean	Bangladeshi
White & Black African	Indian
White & Asian	Pakistani
Other (please specify)	Other please specify)
	Other Ethnic Groups
	Chinese
	Other (please specify)

Please complete the following questions.

#### Preferred counsellor

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Either	<input type="checkbox"/>

#### Contact preference

Phone	<input type="checkbox"/>
Letter	<input type="checkbox"/>
Either	<input type="checkbox"/>

**Reasons for referral:** please give a brief summary of the presenting problems


Please return to:  
The Counselling Department  
St Vincent Support Centre  
82 York Road  
Leeds  
LS9 9AA