

**Counselling Service**  
**Confidential**

Reference No. CSL- \_\_\_\_\_ - \_\_\_\_

**Counselling Referral Form**

Date \_\_\_\_\_

Where did you hear about the service?

\_\_\_\_\_

**Referrer's Name:** (i.e. Self-referral, Family, Social Services, Youth Organisation, G.P., Services Counselling Centres, etc.)

\_\_\_\_\_

\_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Client \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Tele No: \_\_\_\_\_

30 Palace Road, 1 Barstow Crescent, Laburnum Court, Streatham Hill  
London SW2 3NS.

TEL-0208 671 5843 Fax-0208 678 7844

Email: [info@southlondonfamilycentre.org.uk](mailto:info@southlondonfamilycentre.org.uk)

Website: [www.southlondonfamilycentre.org.uk](http://www.southlondonfamilycentre.org.uk)

**Patrons:** Baroness Howells of St David's OBE. Dr. John Roberts QC

*Community  
Legal Service*



**Occupation:** (please tick as appropriate)

Employed       Unemployed       Student       Other  \_\_\_\_\_

**Presenting Problems:**

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Please indicate any other issues you would like to add to this referral:

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Please send completed form to the Counselling Service. Alternatively, you may leave a message for an appointment and we will get back to you as soon as possible.

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Laburnum Court, Streatham Hill,  
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