



**Confidential Client Information and Consent Form:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Children :Names/Gender/Ages (if applicable): \_\_\_\_\_  
\_\_\_\_\_

How did you find me or who referred you? (Please tick)  
 Google Search  Internet Listing  Advert  Friend/Colleague  Doctor  
 Psychiatrist  Counsellor/Therapist  EPA Referral  Other \_\_\_\_\_

If referred, name of G.P. or Therapist \_\_\_\_\_  
If you were referred by your Doctor or therapist, do you give me permission to communicate with your them about our work together? (Please tick)  Yes  No  
If yes, GP or therapist practice location and number \_\_\_\_\_  
\_\_\_\_\_

Would you like to subscribe to my free monthly email newsletter 'Relationship Matters' for information, tips and the latest research on relationships? (I will never share your email and you may unsubscribe at any time)  Yes  No  Already Subscribed

**Emergency Contact:**

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
In an emergency, I agree to allow Clinton Power to call the above person/s to inform them of my condition and the need for assistance. I also agree to have emergency assistance provided by an outside agency if necessary.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_