



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: _____