

### Confidential Client Details

Name:	
Address:	
Phone:	Permission to leave message: Yes/No
Email:	
Date of birth:	Age:
Relationship status: Single Partnered Married Separated Divorced Widowed <i>please circle</i>	
Sexual orientation:	
Gender:	
Occupation:	
Children: (names, gender, age)	
Religion:	
Are you Aboriginal or Torres Strait Islander? Yes/No <i>please circle</i>	
Would you like to receive a monthly newsletter? Yes/No <i>please circle</i>	

## Emergency Contact Details

Name:
Relationship:
Address:
Phone:
Permission to contact this person, other agencies or emergency services: Yes/No

## Referral details

<p>How did you find me? Or, who referred you? Please circle:</p> <p>The Hunter Women's Centre, The Blue Knot Foundation, AccessEAP, The Australia Counselling Association, Australia Counselling, PACFA, The Sista Code, Yellow Pages, Google search, Friend.</p> <p>If your GP or another medical professional referred you, please provide their details:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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## Health Issues

Please list any health issues:

Please list any mental health issues:

Please list any medication, the dose you're on & who prescribed it:

Please sign if you give consent to Rita Barnett to communicate with your doctor or other therapists regarding our work together

Name: \_\_\_\_\_

Sign here: \_\_\_\_\_

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