



## INNER STRENGTH THERAPY

**Therapist:** Stephen Patrick Moore

**Address:** 185 Elizabeth Street, Sydney, NSW, 2000

**Mobile:** 0422 978 858

**Web:** [www.innerstrengththerapy.com.au](http://www.innerstrengththerapy.com.au)

**Email:** [stephen@innerstrengththerapy.com.au](mailto:stephen@innerstrengththerapy.com.au)

### Client Contact Form

**Name:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:**

\_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Partner's Name (if applicable):** \_\_\_\_\_

**Children Names/ Gender/ Ages (if applicable):**

\_\_\_\_\_

**How did you find me or who referred you? (Please Circle)**

Google Search/ Internet Listing/ Advertisement/ Friend or Colleague/ Doctor/

Psychiatrist/ Counsellor or Psychiatrist/ Counsellor or therapist/ EPA referral

Other \_\_\_\_\_

**If referred, name of G.P. or therapist**

\_\_\_\_\_

If your Doctor or therapist referred you, do you give me permission to communicate with them about our work together? **(Please circle) Yes/ No**

If yes, please supply your GP or therapist's contact details:

**Practice Location:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Emergency Contact:**

**Name:**

\_\_\_\_\_

**Relationship to you:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

In an emergency, I agree to allow Stephen Moore 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:** \_\_\_\_\_