Coaching • Counselling • Training

Gosling International • 2-3 Ashton Street • Labrador • QLD 4215 • Australia
+61 413-750-699 • www.goslinginternational.com • info@goslinginternational.com

PERSONAL INFORMATION SHEET

AR # : _____ (OFFICE USE)

Date : _____

CLIENT DETAILS

Title: Please check a box – ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Full Name: _____

Home Address : _____

_____

_____ State : _____ Post Code : _____

E-mail : _____

Phone : _____ Mobile : _____

Type of Work : _____

NAMES OF FAMILY MEMBERS

Title: Please check a box – ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Partner Full Name: _____

Email : _____

Phone : _____ Mobile : _____

Type of Work : _____

Children/Age : _____

REFERRING DOCTOR/GP (Optional)

Name : _____ Phone : _____

Practice : _____

BRIEFLY DESCRIBE YOUR ISSUES. LIST 3 THINGS YOU WOULD LIKE TO CHANGE:

_____

_____

_____

_____

HOW DID YOU FIND OUT ABOUT KAREN GOSLING COUNSELLING?

☐ Friend ☐ Google Search ☐ KarenGosling.com ☐ ADHDRelationships.com.au

☐ Doctor ☐ Psychiatrist ☐ Allied Health Practitioner ☐ Other : ……...