Kim’s Listening Registration Form

Swampy & Angel Pty Ltd trading as Kim’s Listening

ABN 17 638 218 309

**Client Demographic Information**

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| **Client Name:****Date of Birth:** |
| **Street Address:****Suburb: Post Code:** |
| **Email address:** |
| **Mobile phone:** |
| **I identify my gender as:****Or My pronouns are:** | **Relationship status:****Number of children:** |
| **Referred by:****Or how did you find me?** |
| **Emergency Contact Person:****Relationship or connection:****Emergency Contact Phone:** |
| **Is there a history of drug use?****If yes, what is your choice of drug?****How often?** |
| **Do you feel you self-medicate with alcohol?** |

|  |  |
| --- | --- |
| **Any Professional diagnosis** | **Medication List** |
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**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_