

| Client Details | |
|-----------------|----------------|
| Name: | |
| Preferred Name: | Date of Birth: |
| Occupation: | Workplace: |

| Address Details | |
|---|---|
| Address: | |
| State: | Post Code: |
| Email Address: | |
| Phone Details Mobile: Home: Other: | Which phone would you prefer to be contact on? <input type="checkbox"/> Mobile: Is it okay to leave a message <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home: Is it okay to leave a message <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Is it okay to leave a message <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Emergency Contact Detail (e.g. next of kin details or an alternate contact) | |
|---|------------|
| Name: | |
| Address: | |
| State: | Post Code: |

Other Information

Are you currently involved in, or likely to be involved in, any legal dispute/court case?

Yes No

Details:

Please note: *Inner North Psychology and Health* does not work with court cases and does not offer court or medico-legal reports. If you are likely to require such a service, please discuss this with your psychologist, so an appropriate referral can be made.

Doctor

Name:

Practice name and address:

Contact Number:

GP Mental Health Care Plan: Yes No

Private Health Fund: Yes No

If yes, name of fund:

Referrer Details (If referred by you GP, write 'As Above'.)

Name:

Practice name and address:

Contact Number:

Date of Referral:

Email Address:

Medicare Details (Please complete if you have been referred under a Mental Health Plan)

Medical Number: _____ Reference Number: _____

Valid until ____ / ____

[Optional] I would like my Medicare rebates to be paid directly into the following account:

Account Name: _____ BSB (6 digits): _____

Account Number (up to 9 digits): _____