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| **New Client Information (18+)** | Date | Surname: |
| Given Name/s: | Preferred Name: |
| Date of Birth: / /  | Gender: M/ F /Other  | Marital Status |
| Preferred Clinic Location (please circle all that apply): Kenmore/ Pullenvale/ The Gap / Telehealth / In-home\*#Note: In-home referrals are usually only accepted as organisational partner referrals (not GP or self-referral).  |
| Residential Address: | Postcode |
| Postal Address (if different to above) |
| Email Address |
| Phone | Home: | Work: | Mobile: |
| Occupation/School (incl. Year Level): |
| Emergency contact  | Name: | Home: |
| Relationship: | Mob |
| Medicare Number: | Ref/Your Number | EXP: |
| Private Health Insurance Y / N | Health Fund Name: |
| Mental Health Care Plan Y/N | Date: | Referring GP: |
| Referring GP Provider Number\* & Practice Name: *\*Number not required if Australian Doctors (Kenmore) or SmartClinics Pullenvale referral.*  |
| Referral type(if known; please circle):  | Medicare (GP referral under Better Access) / WorkCover Qld / Open Arms/ CTP /Self-Referral with Private Health / Self-Referral fully self-funded / NDIS / Other |
| Have you attended Counselling with another Psychologist in this calendar year? Yes/No *(please circle)*If yes please indicate the number of sessions attended in this calendar year\*:*\*Please be accurate (do not guess). You can check with Medicare Online.* |
| How did you first find out about this Psychological Service? |
| What is your primary reason for seeing a Psychologist/what are you hoping to achieve from counselling? |
| Are you seeking (please circle all that apply) a standard appt (during business hours), after-hours appt, either?#Are there any days/time of day that you are not available for an appointment? # Fees vary between standard (business hours) and after-hours appointments and between some locations. See website for details.  |
| ***Office use only:*** |
| Date |  | Notes |
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