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| **New Client Information (u18)** | | | Date | | | | Surname: | | | | |
| Given Name/s: | | | | | | | Preferred Name: | | | | |
| Date of Birth: / / | | | Gender: M/ F /Other | | | | School & Year: | | | | |
| 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 |
| Email Address | | | | | | | | Mobile (for sms confirmations) | | | |
| Mother’s Name: | | | | | | | | | Phone: | | |
| Lives with Child: Y/N/Shared Care | | | | | Legal Guardian: Yes/No | | | | Consents to child attending: Y/N/NA | | |
| Father’s Name: | | | | | | | | | Phone: | | |
| Lives with Child: Y/N/Shared Care | | | | | Legal Guardian: Yes/No | | | | Consents to child attending: Y/N/NA | | |
| Are there any court orders relating to this child: Y/N. If yes, please provide details that may be relevant. | | | | | | | | | | | |
| Medicare Number (Child): | | | | | | Ref Number (Child) | | | | EXP: | |
| For Medicare rebates parent/claimant information is also required:  Medicare Number & Exp(or ‘as above’): | | | | | | Ref Number (Claimant) | | | | Claimant’s Name & D.O.B.: | |
| 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 | | | | | | | | | |
| Has the referred child attended appointments with another Psychologist in this calendar year? Yes/No  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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