Client Details Form

Personal Details		
Title: Mr/Mrs/Ms/Miss	Name:	Date of Birth: / /
Address:		
Home Phone:	Mobile:	Work:
Email:		Occupation:
Emergency Contact Name:		Relationship to You:
Phone:	Permission to Contact in Emergency?	Yes No
Support People		
Spouse/Partner:		
Children:		

Referral Details		
Doctor's Name:		Phone:
Is this the referring Doctor? Yes No	Practice:	
Psychiatrist (if applicable):		Phone:
Payment Scheme – Payment options include debit/credit card or cash. We do not have EFTPOS facilities available		
Medicare (Mental Health Care Plan) ☐ Medicare Number:	Individual Ref. Number:	Exp. Date:
Please note that the full fee must be paid upfront if you are paying by cash or if your card details have not been stored. You have the option to provide your account details for an automatic refund of the Medicare rebate, otherwise you will be issued with a receipt.		
Defence ☐	EP ID:	
EAP ☐	Employer:	EAP Provider:
Workers Compensation ☐	Insurer:	Claim No:
DVA ☐	Claim Number:	
Private Health Fund ☐	Fund:	Member No:
VVCS ☐	VVCS ID No:	
Other ☐ (Please note)	ID No (if applicable):	

Informed Consent for Psychological Treatment – please read and sign in front of Psychologist		
The above information is true and correct to the best of my knowledge. I have read a copy of the General Privacy and Consent and Telehealth Privacy and Consent Information Forms and understand that in case of emergency this service may contact my nominated contact person and/or other emergency services in the interest of my safety and that this obligation may override my right to confidentiality. I give my informed consent to participate in psychological treatment with Illawarra Shoalhaven Psychology (including by telehealth where required) and understand that I can discharge myself from the service at any time. I also understand that this service is obligated as a Mandatory Reporter to report any serious concerns of a child or young person at risk of harm.		
Name:	Sign:	Date:
OFFICE USE ONLY		
Witness of Signature:	Sign:	Date:
Form processed? ☐	Date:	