

Client Name:		Date of Birth:	
Guardian (if client is child) / Partner:		Preferred First Name of Client:	
Residential Address:		Postal Address: (if different from residential)	
P/Code		P/Code	
Contact phone numbers:			
Mobile:		Home:	Work:
Email Address:			
Please circle your preference for confirming appointments?      Text      Email      Phone			
Health Care Card #: or Pension Card #:		Start Date:	Expiry Date:
Name of Private Health Fund:		Member # of Private Health Fund:	
If we call a landline # we will only confirm your appointments with the people you nominate. Please give names of the people and their relationship to you. E.g. Joe Bloggs = Husband		Name:	Relationship:
		Name:	Relationship:
To ensure your confidentiality, is it ok to leave a message on your home phone or mobile?			Yes / No
Who is responsible for payment of the account?			
Who referred you / How did you hear about this clinic?			
Name of GP:		GP Address:	
Are there any court orders, such as a DVO, or DVA, which your counsellor should know about?			
<p><b>N.B. A penalty rate of up to \$35 may apply for same-day cancellations or non-arrival to an appointment. This is to cover the cost of a lost booking time that may have been suitable for another client.</b></p>			

Please sign to indicate that your contact information is correct and that you will advise us of any changes. Also, that you are aware of the fee for late cancellations or non-arrival at an appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_