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| **New Client Information** | | | | Date | | | | | | Surname: | | | | | |
| Given Names: | | | | | | | | | | Preferred Name: | | | | | |
| Date of Birth: / / | | | | | Gender: M / F (circle) | | | | | | Marital Status (client/guardian): | | | | |
| *If under 18:* Name of parent(s)/guardian(s): | | | | | | | | | | | | | | | |
| 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\*:  *\*Not required if referral from a Bellbowrie Family Practice Doctor.* | | | | | | | | | | | | | | | |
| Referral type  (if known; please circle): | | | | | | Medicare Better Access / Brisbane MIND / WorkCover Qld /  Self-Referral with Private Health / Self-Referral self-funded | | | | | | | | | |
| 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; the item number will be 80110 or 80115.* | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | |
| ***Office use only:*** | | | | | | | | | | | | | | | |
| Date | | Notes | | | | |  | | | | | | | | |
| 1 | |  | | | | | Assessment | | | | | | | | |
| 2 | |  | | | | |  | | | | | | | | |
| 3 | |  | | | | |  | | | | | | | | |
| 4 | |  | | | | |  | | | | | | | | |
| 5 | |  | | | | |  | | | | | | | | |
| 6 | |  | | | | | Assessment/ Report | | | | | | | | |
| 7 | |  | | | | |  | | | | | | | | |
| 8 | |  | | | | |  | | | | | | | | |
| 9 | |  | | | | |  | | | | | | | | |
| 10 | |  | | | | | Assessment/ Report | | | | | | | | |