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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): Bellbowrie / Lawnton / The Gap /In-home\*  Note: not all clients are bulk-billing; \*conditions apply; unless organisational partner referral not usually bulk-billed | | | | | | | | | | | | | |
| 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 (GP referral under Better Access) / Brisbane MIND / WorkCover Qld / VVCS/  Self-Referral with Private Health / Self-Referral self-funded / 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; 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? | | | | | | | | | | | | | |
| Are there any days/time of day that you are not available for an appointment? | | | | | | | | | | | | | |
| ***Office use only:*** | | | | | | | | | | | | | |
| Date | | Notes | | | |  | | | | | | | |
| 1 | |  | | | | Assessment | | | | | | | |
| 2 | |  | | | |  | | | | | | | |
| 3 | |  | | | |  | | | | | | | |
| 4 | |  | | | |  | | | | | | | |
| 5 | |  | | | |  | | | | | | | |
| 6 | |  | | | | Assessment/ Report | | | | | | | |
| 7 | |  | | | |  | | | | | | | |
| 8 | |  | | | |  | | | | | | | |
| 9 | |  | | | |  | | | | | | | |
| 10 | |  | | | | Assessment/ Report | | | | | | | |