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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): Bellbowrie / Lawnton / The Gap / In-home\*  Note: not all clinics are bulk billed; \*conditions apply; unless organisational partner referral not usually bulk-billed | | | | | | | | | | |
| 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: Claimant Name: | | | | | | | | | | |
| Claimant Medicare Number & Exp (if different to child): | | | | | | Ref Number (Claimant): | | | | Claimant’s Date of Birth: |
| Private Health Insurance Y / N | | | | | | Health Fund Name: | | | | |
| Mental Health Care Plan Y/N | | | | Referral 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 | | | | | | | | |
| 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; the item number will be 80110 or 80115.* | | | | | | | | | | |
| How did you first find out about this Psychological Service? | | | | | | | | | | |
| What is the primary reason for seeing a Psychologist/what are you hoping to achieve from counselling? | | | | | | | | | | |
| Are there any days/time of day that 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 | | | | | | |