



## CLIENT DETAILS

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Full Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Post Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

(Crescent Psychology will send a SMS reminder prior to your appointment. You are responsible for any cancellation/rescheduling, with 48 hours notice, to avoid a cancellation fee.)

Medicare/DVA Card Number \_\_\_\_\_ IRN \_\_\_\_\_ Expiry \_\_\_\_\_

If applicable: NDIS Number \_\_\_\_\_ Please select: Self-Managed \_\_\_\_ or Plan-Managed \_\_\_\_

If applicable: Private Health Fund Name \_\_\_\_\_ Fund Number \_\_\_\_\_

Do you have a Mental Health Treatment Plan? Yes \_\_\_\_ No \_\_\_\_ Referring Doctor \_\_\_\_\_

Practice \_\_\_\_\_ Phone \_\_\_\_\_

(Please be aware that if you have a Mental Health Treatment Plan, our Psychologist has reporting obligations to your GP and will require a referral from them to access rebates)

## Legal Guardian/Parent Information OR Next of Kin/Emergency Contact

Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Client \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Post Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Medicare/DVA Card Number \_\_\_\_\_ IRN \_\_\_\_\_

Expiry \_\_\_\_\_

How did you hear about Crescent Psychology? \_\_\_\_\_