

**POP  
PSYCHOLOGY**

**Dr. Rachel Bushing**  
Clinical Psychologist  
BPsySchHons, DClinPsych, MAPS  
Child, Adolescent, and Family Psychologist  
Board Approved Supervisor  
  
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Practicing From:  
Bloom Therapy 4580533Y  
Alternatives Consulting 4580534J  
ABN. 20 472 347 278

*Please send all  
correspondence  
to email address*

**CLIENT DETAILS**  
CONFIDENTIAL CLIENT INFORMATION

Your Child's Name: \_\_\_\_\_

Sex: (circle) Male Female Gender Identity Specified: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Parent's Name: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Child Resides With: \_\_\_\_\_

Parenting Orders / Custody Arrangements: (if applicable, please provide details)  
\_\_\_\_\_

Telephone Contacts: Home: \_\_\_\_\_ Other Home: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Other Mobile: \_\_\_\_\_

Primary Email Contact: \_\_\_\_\_

Other Email Contact: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**CLIENT DETAILS - child**

Source of Referral: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

How did you find out about Dr. Rachel Bushing? (please circle)

GP      Internet      APS Find a Psychologist      Word of mouth      Other: \_\_\_\_\_