NEW PATIENT INFORMATION AND PAYMENT FORM

ANGIE WILLCOCKS PSYCHOLOGIST

CENTRE FOR Health and Wellbeing

PATIENT DETAILS

Surname_____

Given names_____ Preferred name _____ DOB _____

Place of birth _____ Languages spoken _____

Residential address_____

_____Post Code_____ Mailing address_____

Phone mobile_____ home _____ work _____ email _____

Please indicate which is the preferred contact no. and if messages can be left on any of these numbers

Preferred number *(please circle)* (H) (W) (Mob) Leave message (Yes) (No)

PLEASE SHOW YOUR MEDICARE CARD TO THE RECEPTIONIST

Medicare number _____ Ref #_____ Expiry date _____

Do you have private health cover *(please circle)* (Yes) (No)

Marital status _____spouse / partner's name_____

Do you have children, if yes please give names and ages _____

_____

Occupation _____ NOK _____

Relationship of NOK _____ Contact details NOK _____

Name & address of usual GP _____

Who referred you to see me? _____

Do you currently have any major health problems? *(if yes please give details)* _____

_____

Have you had any major health problems in the past? *(if yes please give details)* _____

_____

Please list any medications *(including vitamins, herbal, over the counter remedies/medications)* you are currently taking

_____

Have you had any counselling before? *(if yes please give brief details of when & the basic nature of the counselling)*

_____

_____

Please outline the **MAIN** concern or problem that has bought you to counselling now? _____

_____

_____

What do you hope to get out of counselling at this time? _____

_____

Clients are responsible for all account payments. If you are unable to attend an appointment we would appreciate at least 24 hours notice so that another client may benefit from this time. If do wish to cancel or reschedule your time and do not give 24 hours' notice a late cancellation fee of $60.00 will apply. If you fail to attend an appointment without notice you will be charged the full fee of $175.00.
I am responsible for the full amount of the fees and I declare that the above information to be true & correct

Signed _____ Today's date _____

We will accept payment by Cash, Cheque or Eftpos (not Amex or Diners)