

NEW PATIENT INFORMATION AND PAYMENT FORM

ELIZABETH SALNA CLINICAL PSYCHOLOGIST

CENTRE FOR Health and Wellbeing



PATIENT DETAILS

Mr Mast Mrs Miss Ms Dr 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 SIGHT YOUR CARDS TO RECEPTIONIST

Medicare number Ref # Expiry date
Do you have private health cover (please circle) (Yes) (No)

IF PATIENT IS A CHILD / DEPENDENT

Head of family - full name Relationship
Medicare number Ref # Expiry date
Emergency contact Phone

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
If you prefer not to elect NOK please tick the box

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 brought 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 \$195.00. 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)