

NEW PATIENT INFORMATION AND PAYMENT FORM
DR JANICE ONG GP PSYCHOTHERAPY/COUNSELLING



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 _____

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 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 \$230.00. Please note that Dr Janice Ong does not do Workcover, insurance claims or third party consultations.

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)