



## CONFIDENTIAL CLIENT REGISTRATION FORM

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ PRONOUNS \_\_\_\_\_

POSTAL ADDRESS (Please tick if you DO NOT wish to receive mail to this address

STREET \_\_\_\_\_

SUBURB \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

BEST CONTACT NUMBER \_\_\_\_\_

BEST DAY & TIME TO CALL \_\_\_\_\_

EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

MEDICARE NO. # \_\_\_\_\_ IRN (Position on Card) \_\_\_\_\_ EXPIRY \_\_\_\_\_

PRIVATE HEALTH INSURANCE \_\_\_\_\_ MEMBERSHIP NO. # \_\_\_\_\_ EXPIRY \_\_\_\_\_

HAVE YOU SEEN A PSYCHOLOGIST IN THE LAST 12 MONTHS? YES  NO  Do you have a MHCP? YES  NO

IF YES, HOW MANY SESSIONS DID YOU HAVE IN THIS CALENDAR YEAR? \_\_\_\_\_

### BANK DETAILS

Bank details will be used for automatic Medicare Online claiming.  
Your Medicare Rebate will automatically be credited to your account.

BANK ACCOUNT NAME \_\_\_\_\_

BSB NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

#### OFFICE USE ONLY

GP NAME \_\_\_\_\_ GP PROVIDER NUMBER \_\_\_\_\_

DATE OF REFFERAL \_\_\_\_\_ REVIEW DATE \_\_\_\_\_