

Andrée Evans

Counselling Psychologist

1396 Peninsula Clinic

1396 Nepean Hwy, Mt Eliza, Victoria 3930

 (03) 9787 4550

www.evanspsych.com.au

NEW CLIENT FORM

Date:

Client Information

Mr/Mrs/Miss/Ms First Name:..... Surname:

Date of Birth:/...../..... Age:..... Gender: Male Female

Email:

Phone Number: Home:..... Mobile:

Okay to leave a message on any number? YES NO

Address:

..... Postcode:

Occupation:

Medicare Number: Position on Card:.....

(If applicable) Health Insurance Fund:..... No:

Emergency Contact

Name: Contact Number:

Relationship to Client:.....

Doctor

Name: Phone Number:.....

Clinic Name & Address:

Doctor's Medicare Provider Number: Date of Referral:.....

Referral:

Medicare- item #2710 TAC Work Cover Victims of Crime Employee Assistance Programs

Where did you hear about us:

Doctor Website Naturopath Personal/Friend Other (Please Specify):.....

Please complete both sides of this form.

CLIENT CONSENT FORM

As part of providing a counselling service to you, the psychologist will need to collect and record personal information from you that is relevant to your situation. This information will be a necessary part of the treatment that is conducted.

ACCESS

You may access the material recorded in your file upon request, subject to the exemptions in National Privacy Principle 6.

CONFIDENTIALITY

All personal information gathered by the psychologist during the provision of the counselling service will remain confidential and secure except when:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would place you or another person at risk; or
3. Your prior approval has been obtained to:
 - a) Provide a written report to another professional or agency, eg. a GP or a lawyer; or
 - b) Discuss the material with another person, eg a parent or employer.

If a third party such as TAC, Workcover etc, fund your consultations; it may be necessary to provide reports to that funding organisation.

CANCELLATION POLICY

If you need to cancel or postpone the appointment, please give at least 24 hours' notice. If you fail to attend your scheduled counselling session without notifying us, a fee of \$50 will be charged.

CONSENT

I hereby give my permission for information regarding my legal/medical/psychological status to be exchanged between my counsellor and a third party where applicable. I understand that my counselling sessions will be otherwise confidential but if the counsellor is concerned about my safety or the safety of others then confidentiality may be waived.

I, (print name), have read and understood this Consent Form. I agree to these conditions listed on this page including the confidentiality waiver.

Signature:..... Date:

Please note: if after reading this page you are at all unsure of what is written, please discuss it with your psychologist.