East Maitland Holistic Psychology Clinic

8c/19 Mitchell Drive, East Maitland NSW 2323
eastmaitlandholisticpsychology@gmail.com
P: 0411 942 900 F: 6129 0588 106

Client Registration Form

Personal Details (must be completed)

Title: _____ First Name/s: _____ Surname: _____ Preferred Name: _____

Gender: ☐Male ☐Female ☐Other D.O.B. _____ Phone/mobile: _____

Address: _____ Email: _____

Next of Kin: _____Relationship to you: _____ Phone: _____

Additional Details (complete each section only of relevant to your referral/claiming rebates)

Medicare

Medicare No._____ IRN: _____ Expiry Date: _____

GP Name:_____ Medical Practice name/address/ph: _____

If claiming Medicare rebates for a child/young person

Claimant's full name and D.O.B. _____

Claimant's Medicare card number: (only of different to the above)_____ IRN on Medicare card:_____

Private Health Insurance

Name of Health Fund: _____ Membership No. _____

Workers Compensation

Insurance Company: _____ Claim No. _____

NDIS

NDIS number: _____ Plan managed/Self-managed/NDIA managed (please circle)

If Plan managed, NDIS Plan Management Provider: _____

Third Party Payer (organisation)

Name of Organisation: _____ Contact Details (name, phone number, email):

_____

East Maitland Holistic Psychology Clinic

8c/19 Mitchell Drive, East Maitland NSW 2323
eastmaitlandholisticpsychology@gmail.com
P: 0411 942 900 F: 6129 0588 106

Fees

The cost of consultation is outlined on our website www.eastmaitlandholisticpsychologyclinic.com and in our booking system in Halaxy (if you are unclear about the cost involved, please discuss this with us prior to signing this form). Fees are payable before session commencement if using Telehealth, or at the time of the session if attending in person. Paying organisations are invoiced and invoices are payable within 7 days of the invoice date.

If less than 24 hours cancellation notice is given, or in case of non-attendance, full cancellation fees apply. For cancellations made within 24-48 hrs before the appointment, 50% of the total fee will apply (please refer to Information and Consent form for details).

I, _____ (print name), have read and understood the above information relating to fees and cancellation policy. I agree to these conditions in terms of the psychological services provided by East Maitland Holistic Psychology Clinic Pty Ltd.

Client signature: _____ Date: _____