

Futures Wellness

Psychology New Patient Intake Form

General Information

Title: _____ Surname: _____ First Name: _____

Address: _____ Postcode: _____

Phone (H): _____ (W): _____ (M): _____

E-mail address: _____

Date of Birth: ____ / ____ / ____ Occupation: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Medicare Card No: _____ IRN: _____ Exp: _____

Do you have private health insurance? Yes / No

Health Fund: _____ Health Fund No: _____

If Patient is under the age of 18, please nominate Head of Family Member:

Title: _____ Surname: _____ First Name: _____

Phone (H): _____ (W): _____ (M): _____

Date of Birth: ____ / ____ / ____

Medicare Card No: _____ IRN: _____ Exp: _____

Patient Information

Please read the following information carefully before signing.

Missed Appointment Policy

- Whilst we understand that there may be times when extenuating circumstances prevent you from attending your appointment or rescheduling your appointment at late notice, we must be strict, fair and consistent with all patients. By adhering to our Missed Appointment Policy, we aim not only to create a culture of mutual respect between patients, practitioners and staff, but to also improve health outcomes by ensuring a continuity of care.
- I understand that appointments not attended or cancelled with less than 24 hours' notice or 48 hours' for Monday appointments will incur a charge of \$99.00 and that payment is required at the time of consultation or before next appointment visit.
- NDIS DNA fee will incur a charge of \$234.83. NDIS can claim up to twice per calendar year. Once used, you will be required to pay a fee of \$99.00 directly to the practice.
- Repeat consultations will not be made following non-attendance or late cancellations on two occasions

Pricing

- all prices are as outlined on www.futureswellness.com.au

NDIS Review

- Please give us eight weeks notice if you require an NDIS review to be done, and we will invoice up to an hour of time for this service.

Purpose of collecting & holding information

- Your personal information is gathered as part of your assessment and treatment, is kept securely and, in the interests of your privacy, used only by your psychologist and the authorised personnel of the practice (as necessary).
- Your personal information is retained in order to document what happens during sessions and enables the psychologist to provide a relevant and informed psychological service to you.
- The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

Privacy Collection Statement

- If you do not wish for your personal information to be collected in a way anticipated by this letter or the Privacy Policy, Futures Wellness Clinic may not be in a position to provide the psychological service to
- You may request to be anonymous or to use a pseudonym, unless it is impracticable for Futures Wellness Clinic to deal with you or if Futures Wellness Clinic is required or authorised by law to deal with identified individuals. In most cases it will not be possible for you to be anonymous or to use a pseudonym.

Access to client information

- At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. The psychologist may discuss with you different possible forms of access

Disclosure of personal information

- All personal information gathered by the psychologist during the provision of the psychological service will remain confidential except when:
 1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or,
 2. failure to disclose the information would in the reasonable belief of Futures Wellness Clinic Services place you or another person at serious risk to life, health or safety;
or,
 3. your prior approval has been obtained to:
 - a. provide a written report to another professional or agency. e.g., a GP or a lawyer; or,
 - b. discuss the material with another person, eg. a parent, employer, health provider or third party funder; or,
 - c. disclose the information in another way; or,
 - d. disclose to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected.
- Your personal information is not disclosed to overseas recipients, unless you consent or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

Child/ Adolescent Clients

- It is the responsibility of parents/ caregivers to communicate to each parent/caregiver about the timing and booking of appointments to ensure those responsible for the care of the child/adolescent have the opportunity to participate in their psychological treatment. This especially needs to be noted by parents that are separated.

I, _____, have read and understood the information above. I agree to the above conditions for the psychological services provided by Futures Wellness Clinic.

Signed: _____ Date: _____