

Client Registration Form

Client Details

First Name:..... Surname:

Date of Birth: Gender:

Address:

Phone (home): Phone (mobile):.....

Email: Skype Address:

Partner's name (If applicable):

Emergency Contact

Emergency Contact (If different from above or write 'As Above'):

Relationship: Contact Number:.....

Card Details

Medicare Card No: Ref No: Expiry Date:

Health Care / Pension Card No: Expiry Date:

Additional Information

Are you a serving member or ex-member of the ADF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you seen a psychologist this year? If yes, how many times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you required to attend psychological counselling by the probation and parole office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of your immediate family attended psychological counselling with a psychologist from OGI Potential? Please note, in most instances it is a conflict of interest for family members to see the same psychologist. If yes, please provide their details: Name: Relationship:..... Name: Relationship:.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cancellation Policy

Cancelled or rescheduling an appointment without 2 working days' notice or failure to attend an appointment attracts a cancellation/non-attendance fee of \$87.45. Please Note: If a missed appointment fee is incurred, all future appointments will also be cancelled until the fee paid. We offer a text reminder as a courtesy to our clients; however, you are responsible to keep track of these appointments as sometimes SMS messages fail to deliver. For further information regarding our fee structure and cancellation policy please visit our website.

Agreement and Consent

I acknowledge that the information contained on this form is true and correct. I confirm that I have read and agree to OGI Potential's fee structure and cancellation policy. I agree and consent to OGI Potential obtaining and releasing information to/from Medicare and other relevant agencies for the purposes of bulk billing and processing payments and rebates on my behalf.

Client signature: _____

Date: _____