

## Couple Registration Form

### Client Details

First Name:..... Surname: .....

Date of Birth: ..... Gender: .....

Phone (mobile): ..... Email:.....

First Name:..... Surname: .....

Date of Birth: ..... Gender: .....

Phone (mobile): ..... Email:.....

Skype Address: .....

Address: .....

### Additional Information

<p>Have any of your immediate family attended psychological counselling with a psychologist from Christopher Ward Psychology or OGI Potential? Please note, in most instances it is a conflict of interest for family members to see the same psychologist.</p> <p>If yes, please provide their details:</p> <p>Name:..... Relationship:.....</p> <p>Name:..... Relationship:.....</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### Cancellation Policy

Cancelling or rescheduling an appointment without 2 business 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 the cancellation policy. I agree and consent to OGI Potential obtaining and releasing information to/from Medicare and other relevant agencies for the purposes of processing payments and rebates on my behalf.

Client Name:.....

Client signature:..... Date: .....

Client Name:.....

Client signature:..... Date: .....