

## 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

Canceling 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 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 processing payments and rebates on my behalf.

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_