

Client Registration (Young Person under 16 years)

Welcome to Right Mind Psychology. Please take a few minutes to provide some registration details. Your psychologist will collect additional information if required.

Full name _____ DOB _____

School _____ Year _____

Parent's name _____

Postal address _____

Best phone _____ Other phone _____

Best email address _____

Do you have a Mental Health Care Plan from your GP or a referral from a psychiatrist or paediatrician? ☐ No ☐ Yes ⇒ Doctor's name _____

Provider number _____ Plan date _____

Medicare number _____ | _____ Expires _____ / _____

Do you have private health cover? ☐ No ☐ Yes ⇒ Insurer _____

Do you have a Health Care Card? ☐ No ☐ Yes ⇒ Number _____

How would you like to pay? ☐ Cash ☐ EFTPOS ☐ Credit Card. If paying by Credit

Card, which card would you like to use? ☐ Visa ☐ MasterCard ☐ AMEX

Would you like to receive our newsletter and blog update alerts? ☐ Yes ☐ No

In a few words, what are the current issues or concerns? _____

How did you hear or learn about Right Mind Psychology? _____

Hover over each button to learn more