



NEW CLIENT REGISTRATION FORM

Title: Mr ☐ Ms ☐ Mrs ☐ Dr ☐ Prof ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone numbers (tick preferred):

☐ Home: \_\_\_\_\_ ☐ Work: \_\_\_\_\_ ☐ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital status: \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a Mental Health Care Plan? Yes ☐ Referring Doctor: \_\_\_\_\_  
No ☐

Medicare Card no.: \_\_\_\_\_ Patient no. on card: \_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the undersigned, authorise Dr Ramsay Dixon to provide and access information, which I understand to be confidential, about any relevant psychological assessment, diagnosis and or/treatment with:

Treating professional	Name	Practice/Contact no.
General practitioner:		
Other:		

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

\*\*\*Please read 'INFORMATION FOR NEW CLIENTS' overleaf\*\*\*



## INFORMATION FOR NEW CLIENTS

### **Confidentiality**

- All information is stored securely in accordance with relevant legislation and ethical standards
- Information provided by you or obtained from other parties (e.g., GP) is regarded as confidential and cannot be released without your written permission
- The exceptions to these provisions arise in the following circumstances:
  - there is a risk of serious harm to yourself or others
  - your file is subpoenaed by a court of law
  - there is evidence of child abuse or neglect, including sexual abuse of a child under 16 years
  - if you, or someone legally authorised to act on your behalf, gives consent to disclose information

Should a decision to disclose information be made for any of the above reasons, all reasonable attempts will be made to discuss this with you prior to disclosure.

### **Payments**

- Payments are to be made in full on the day of the consultation via Cash, EFTPOS, Visa, or MasterCard
- The standard consultation fees are:
  - Individual session (weekdays) - \$210.00 (Medicare rebate\* of \$124.50)
  - Individual session (weekend) - \$230.00 (Medicare rebate\* of \$124.50)
  - Group session - \$60.00 (Medicare rebate\* of \$31.65)
- *\* Medicare rebates are only available to clients with a current 'GP Mental Health Care Plan'*
- *You may be able to claim a rebate through your private health insurance provider. Please advise reception if you intend to do this, and you will be provided with the relevant paperwork to forward to your provider*
- *Clients who are eligible to have their costs covered by the TAC or Workcover/Worksafe are required to settle their account on the day of consultation; it is the client's responsibility to apply for reimbursement from the appropriate agency*
- *Fees for report-writing and/or court attendance can be discussed on a case by case basis (note, this does NOT include standard letters to referring GP's for which there is no additional fee)*
- *As per Bluff Road Medical Centre policy, a \$12.00 accounting fee will be charged if your account is not paid in full on the day of the consultation and accounts referred to a debt collection agency or solicitor will incur a debt collection fee*

### **Appointments**

- Appointments are **50 minutes** duration; your understanding and patience is kindly requested on rare occasions where your appointment commencement time may be slightly delayed.

### **Cancellations**

- As per APS recommendations, appointments cancelled with less than 24-hours notice will incur the full session fee, while those cancelled with 24-48 hours notice will incur a 50% fee.

*By signing this form, you accept the terms and conditions above (to be signed by the person liable for the accounts)*

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



**APS**

Member  
Australian  
Psychological  
Society MAPS