

## CHILD REGISTRATION FORM

### **Client's Details:**

Surname: .....

Given Names: .....

Date of Birth: ...../...../..... Male / Female (please circle)

Phone: ..... Mobile: .....

Residential Address: .....

Postal Address: .....

Medicare #          Ref #:  Expires:  /

Referring Doctor: .....

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### **Carer 1 Details:**

Name: .....

Relation to client: .....

Address: .....

Phone: .....

Mobile: .....

### **Carer 2 Details:**

Name: .....

Relation to client: .....

Address: .....

Phone: .....

Mobile: .....

### **Siblings:**

Name Date of Birth

...../...../.....

...../...../.....

### **Siblings:**

Name Date of Birth

...../...../.....

...../...../.....

Are there any guardianship or protective arrangements applicable to this client? Yes/No

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**G.P. Dr:** .....

Practice: .....

Phone: .....

**Paediatrician Dr:** .....

Practice: .....

Phone: .....

**School:** .....

Grade: ..... Teacher: .....

### **Other support services/professionals:**

Name/Service: ..... Phone: .....

Name/Service: ..... Phone: .....

Have you consulted any other psychologist in the past 12 months? Yes/No

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