

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 (e.g., psychiatrist)		

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 or imminent harm to yourself or others
 - file information is required by 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) - \$230.00 (Medicare rebate* of \$126.50)
 - Individual session (weekend) - \$250.00 (Medicare rebate* of \$126.50)
- ** 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/rescheduled** 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: _____