

INTAKE FORM

Family name: _____ Given names: _____

Date of birth: / /

Sex: Male Female Non-binary/Other

Occupation: _____

Language/s spoken: _____

Please tick the box which applies to you: Full-time employed Part-time employed Studying
 Other (please specify)

Please tick ALL boxes that apply to you: Non-English speaking background Aboriginal/Torres Strait
Islander

Address: _____

Suburb: _____ Postcode: _____ Email: _____

Telephone: _____ Mobile: _____

Preferred Contact Method:

Any method Address Email Telephone Mobile

*Payment Details: Debit/Credit Card Name:

Card Number: Expiry Date: CVV:

Direct Deposit Payee Bank Account Number: BSB:

*Details required for appointment & rebate processing

Emergency Contact Name: _____

Relationship to contact: _____

Phone Number: _____

Emergency Contact Consent

I give consent for my nominated emergency contact and/or relevant medical/health professionals to be contacted in the event of an emergency.

Please note: Your emergency contact and medical/health professionals will only be contacted in an emergency. If you would like us to share information with your medical or health care team outside of an emergency, you will need to complete a separate 'Consent for Release of Information form'.

Medicare Number & Expiry _____



NDIS/ Workcover/DVA Details: _____

Contact phone number: _____

Have you received counselling previously? Yes No

Are you currently receiving therapy and/ or medical treatment? Yes No

If yes, who is your GP/ psychiatrist? _____

Telephone: _____

Medical condition/s:

Are you currently taking any medication? Yes No

If yes, please list medication & dosage:

What is the primary problem that brings you to therapy?

What do you hope to achieve in therapy?

Office Use Only: Date of consultation: _____ Psychologist: _____

How did you hear about Artemis? Google Word of Mouth Other GP Psychology Today

