


Bridge Road Psychology

New Client Registration Form

New Client's FULL Name:				
For an Adult Client - Next of kin: For a Child Client - Parent/carers name:				
Phone Numbers Mobile:		Home		
Client's Date of Birth:				
	Medicare Number including the number in front of the name eg 1234-56789 1 1			
Full Address:				
Client's Gender (Please Circle)		Female	Male	Non-Specific
Email Address:				
Is the client Aboriginal or Torres Strait Islander? (Please Circle)				
Yes		No	Don't Know	
Will you be claiming a Medicare Benefit for the consultation(s) (Please Circle)				
Yes		No	Don't Know	
If No or Don't Know to the above question how are you paying the fee? (Please Circle)				
Cash or card		Private Health Fund (via HICAPS)		Other
If Other above who will be funding all or part of the fee:				
Name of Referring Doctor (if any):				
Address or Practice name of the referring doctor:				
Do they have a mental health care plan? (Please Circle)				
Yes		No	Don't Know	

Please bring a copy of the Mental Health Treatment Plan provided by your GP or letter from a psychiatrist or paediatrician (this enables you to get the Medicare rebate for the consultation) and doctor's referral letter, if you have one, to the initial appointment or email it to info@bridgerdpsych.scpsnsw.net.au .

Phone 02 44 805631

Email info@bridgerdpsych.scpsnsw.net.au

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