

Client Referral Form

Client Information and Consent

Full Name

DOB

Gender

Full Address

Phone

Email

Medicare #
and IRN

Expiry Date

A FEW QUESTIONS

Yes

No

1. Have you seen a Psychologist before?

☐☐

2. Do you have a Mental Health Care Plan that you plan to use?

☐☐

3. Do you require Bulk Billing Services?

☐☐

Is there anything else you'd like us to know about you:

Please provide a copy of your Mental Health Treatment Plan (provided by your GP) to your first appointment. This is required to access the Medicare rebate. You can email it to us at admin@walkingsession.com.au. If you also have a GP referral letter, please include that as well.

I am happy to be contacted by the Walking Session Team to schedule my Walking Session.

☐

I agree

Date:

Signature:

(02) 4214 8728

admin@walkingsession.com.au
www.walkingsession.com.au

