

Background Information

Thank you for your referral to Heartful Minds. In order to provide a time-effective service please complete the following background questions prior to the initial consultation. This will provide valuable information for assessment and treatment.

On completion return this form via email to:
contact@heartfulminds.com.au

or post to:
Suite 3, 875 Glenhuntly Road, Caulfield VIC 3162

Today's date

Name of person completing form

Relationship to client

Biographic information

Client's name

Date of birth

Age

Sex

Home address

Street address:		
Suburb/City:		Post code:

Telephone

Mobile

Email

Medicare card number

Client's number on card

Medicare card expiry



Background Information

Family background

Relationship of parents

- Married
 De facto
 Separated
 Divorced

Mother's name

Occupation

Date of birth

Number on Medicare card

Telephone

Mobile

Father's name

Occupation

Telephone

Mobile

Date of birth

Number on Medicare card

Step parent's name

Occupation

Telephone business hours

Mobile

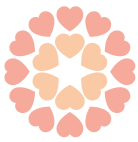
Names of brothers and sisters

Age

Names of other people living in the household

Relationship to client

Age



Background Information

Educational history

School

Grade/Year

Contact person

Telephone

Schools attended

School type

Development history

Birth difficulties or complications

Birth weight and number of months if premature

Feeding difficulties during infancy

Sleeping difficulties during infancy

Settling difficulties during infancy

Holding and attachment difficulties during infancy

Alertness difficulties during infancy

Growth and development difficulties during the first few years



Background Information

Developmental milestones and behaviour patterns:

Behaviour	Approximate age
Responded to mother	
Rolled over	
Babbled	
Crawled	
Sat alone	
Spoke first word	
Walked alone	
Put several words together	
Fed self	
Toilet trained	
Dry at night	
Dressed self	
Rode tricycle	

Medical history

Current medication	Dosage	Prescribed by	Reason

Childhood illnesses

Presenting problem/s

Description of current difficulties

Background Information

Previous assessments and treatments for the current difficulties

Description	Date
	/ /
	/ /
	/ /
	/ /
	/ /

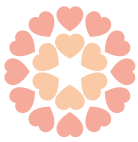
Problem specific information

Commencement of difficulty

How often does the difficulty occur?

Possible reasons for difficulty

Strategies used to manage difficulty



Background Information

Other information

Favourite activities

Strengths/Skills

Other important information

Fees & Rebates

Medicare rebates

Sessions in clinic

Medicare rebates to the value of \$126.50 for clinical psychologists and \$86.15 for general psychologists per session. A referral from a GP or paediatrician is required to access these rebates from Medicare. You are still able to access our services without this referral but the Medicare rebate will not apply. You can also check with your private health insurance as they may cover the sessions – rebates will vary between providers.

Sessions at school

Medicare rebates for visits at school are \$148.00 for senior psychologists and \$108.25 for all other psychologists. We are able to process your Medicare claims so please ensure we have your current details.

Private health insurance

If you are eligible to claim your visits through your private health insurer we are able to process these claims via HICAPS. If your appointment is not in the clinic, unfortunately we are unable to process claims without your card. Once payment is made, we will send you a receipt of payment to claim with your private health insurer.

Reports and assessments

Most reports and assessments are not covered by Medicare. Report fees are listed in our Fees & Charges and are an additional charge to your session fees. Once again check with your private health insurer as they may cover these costs.

Cancellation policy

We understand that from time to time appointments need to be cancelled or rescheduled. As it can sometimes be too late to fill the appointment we have a strict 24 hour cancellation policy. Any appointment cancelled under 24 hour's notice will be charged a full session fee. These fees are not claimable through Medicare.

Payment of invoices

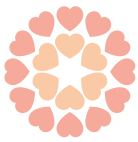
All clinic sessions are to be paid for on the day of appointment. School invoices are to be paid within 24 hours of receiving invoice. Any late payments will incur a \$10 late fee.

I have read and agree to the above:

Name

Signature

Date



Consent

Date

/	/
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I / we consent to

attending Heartful Minds Child and Adult Psychology

(Child / adolescent name)

Please note, where applicable, all parties are to sign consent form for child/adolescent to be seen

Sole Parent

Married / De facto

Divorced / Separated

Legal Guardian / Carer

Name

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Signature

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Name

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Signature

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Name

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Signature

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Name

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Signature

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Please advise if there are any court rulings in place or pending
