CLINICAL AND FORENSIC PSYCHOLOGIST
BPsych, MPsych(Forensics), MAPS
ABN: 53 232 121 838
Registration Number: PSY0001271730
Workcover number: 7763
Medicare Registered Provider

FLORA TRUONG Ψ

Healthy Minds Psychology Consultancy

CLIENT INFORMATION

Dr Miss Mrs Ms Mr (Please circle) Surname:	
Given Names:	
Date of Birth:	**Address:**
Suburb:	**Postcode:**
Home Phone:	**Mobile Phone:**
Email:	
Next of Kin name:	**Next of Kin phone:**
Relationship to next of Kin:	
Referred by: Dr	**Date of Accident:**
Insurance Company:	**Claim Number:**
Case Manager:	**Phone:**
Fax:	**Email:**

As part of providing a psychological service to you, Flora Truong will need to collect and record personal information from you that is relevant to your current situation. By completing this form you understand and agree that this practice will use the information you provide for the administration of the practice and disclosure to others involved in your claim including doctors, insurance companies, other allied health providers (physiotherapist, chiropractors), rehabilitation providers and lawyers. You agree for us to request approval from the insurer on your behalf for psychological treatment. You do not have to give all your personal information and if you have any concerns please discuss this further with our practice.

Signature:	**Date:**