

Patient Details

Referral Date		DOB		Mobile	
Name					
Address					
Email					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
Origin	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Unknown				
Language spoken	<input type="checkbox"/> English (currently Infocus is unable to provide services to non-English speaking patients)				

MANDATORY: Has the patient's MHCP been billed?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2715	<input type="checkbox"/> 2717
<input type="checkbox"/> 2700	<input type="checkbox"/> 2701

Patient Fee for Service & Medicare Rebate per session (Infocus Counselling accepts cash, debit or credit card)

Select appropriate for patient:	Upfront Fee	Medicare Rebate	Out-of-pocket Fee	Late Cancellation Fee / DNA
<input type="checkbox"/> Registered Psychologist	\$120.00	\$84.80	\$35.20	\$80
<input type="checkbox"/> Clinical Psychologist	\$160.00	\$124.50	\$35.50	\$80

<input type="checkbox"/> I consent to receive services through the Infocus Counselling Service. Patient Signature:	GP Name: Practice: Phone: Fax:
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