

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 & MBS Rebate per session (InFocus accepts cash, debit or credit card)				
Select appropriate for patient:		Upfront payment	MBS Rebate	Out of pocket
<input type="checkbox"/>	Registered Psychologist	\$120.00	\$84.80	\$35.20
<input type="checkbox"/>	Clinical Psychologist	\$160.00	\$124.50	\$35.50
<input type="checkbox"/>	Bulk Bill	In cases of EXTREME financial hardship ONLY		

Patient Consent	GP/Referrer Details (COMPLETE OR STAMP)
<input type="checkbox"/> I consent to receive services through the InFocus Counselling Program. Patient Signature:	Name: Practice: Phone: Fax: