



Confidential Client Information - Child

Welcome to Mosaic Psychology. So we can make the most of every session, please provide the following information about you and your child. This information is confidential. If you have any concerns about the relevance of any information, feel free to leave it out.

Your name: _____ Your relation to the child: _____

Date of birth: _____ Medicare number: _____ () Expiry date: _____

Phone: _____ Email: _____

Okay to leave a voicemail message? Yes / No Okay to send a text message? Yes / No

Home address: _____

Other parent/guardian: _____ Relation to the child: _____

Phone: _____ Email: _____

Home address (if different to above): _____

Child's name: _____

Date of birth: _____ Age: _____ Gender: _____

Child's Medicare number: _____ () Expiry date: _____

Whom does your child live with? _____

Any access arrangements? _____

Emergency contact: _____ Relation to the child: _____

Phone: _____

Referred by: _____ Provider number: _____

Phone: _____ Date of referral: _____

Payment details

Name on card: _____

Card number: _____ Expiry date: _____ CVC: _____

If you wish for Mosaic Psychology to process your Medicare rebate for you, please also provide your bank account details:

Account name: _____

BSB: _____ Account number: _____



People living in the same household as the child:

Name	Age	Relation to the child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other significant people NOT living in the same household:

Name	Age	Relation to the child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of child's school: _____

Grade/Year: _____

Current medications (dose, frequency, date prescribed, reason prescribed): _____

Please describe any significant current or previous medical/physical health issues: _____

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Has your child had therapy/counselling/psychological assessment before? Yes / No

If yes, please share some brief details: _____

What concerns do you have for your child? _____

What are your child's strengths? Interests? _____

What are your goals for therapy? (Do the best you can. We'll talk about this more in session)

Last question. Give three words to describe your child:

1. _____
2. _____
3. _____