



Confidential Client Information

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

Name: _____

Date of birth: _____ Age: _____

Address: _____

Phone: _____ Okay to leave a voicemail message? Yes / No

Email: _____ Okay to send a text message? Yes / No

Emergency contact: _____

Relationship to you: _____

Phone: _____

Referred by: _____ Provider number: _____

Phone: _____ Date of referral: _____

Medicare number: _____ () Expiry date: _____

How did you hear about Mosaic Psychology? _____

Bank details

Name on card: _____

Card number: _____

Expiry date: _____ CCV number: _____

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: _____

mosaic

psychology

Cultural background: _____

Occupation: _____ F/T P/T Casual/Temp Not employed

Relationship status: Single Partnered Defacto Married Separated Divorced Widowed

Partner's first name: _____ Age: _____

Length of relationship: _____

Children (gender, age): _____

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

Please describe any significant current or previous medical issues: _____

Do you consume alcohol? Yes / No

If yes, how often and how much do you drink in an average week?

Do you use any other drugs? Yes / No

If yes, please give details (what drugs, how often and how much in an average week)

mosaic

psychology

Have you had therapy/counselling before? Yes / No

If yes, please share some brief details: _____

What did you find *most* helpful in therapy? _____

What was *least* helpful? _____

What brings you to therapy now? _____

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 yourself:

1. _____
2. _____
3. _____