

CLIENT DETAILS

First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**St Quentins Clinical Psychology**

Suite 10/40 St Quentin Ave,  
Claremont WA 6010

**Neel le Roux**

*BA (Hons) MA (Clinical Psych)*  
Clinical Psychologist  
Provider No: 2822583H  
Reg. No: PSY0001578064  
TEL 0423 767 573

PERSON TO BE CONTACTED IN AN EMERGENCY

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Halina Selwyn-Cross**

*BA (Hons) MA (Clinical Psych)*  
Clinical Psychologist  
Provider No: 2822613W  
Reg. No: PSY0001578065  
TEL 0431 237 776

PERSON RESPONSIBLE FOR PAYMENT

Title	Initials	Surname
_____		_____
Email	Telephone	
_____	_____	
Postal Address	_____	
_____	State	Postcode
_____	_____	_____
Home Address	_____	
_____	State	Postcode
_____	_____	_____

CLIENT INFORMATION

This is a private practice and fees charged are based on the schedule of fees endorsed by the Australian Psychological Society. Fees are reviewed annually at the beginning of each financial year.

**Fees**

First consultation ..... \$245.00  
Subsequent Individual Consultations ..... \$235.00  
Subsequent Couple/Family Consultations... \$245.00  
The duration of each consultation is approximately fifty minutes.

**Payment**

Payment is due at the end of each consultation and can be made by cash or credit card. Receipts will be sent to you by email.

**Rebates**

Psychological services are covered by most private health funds and in some instances by Medicare. Please liaise directly with both you particular fund and Medicare in this regard.

**Cancellations**

**A minimum of 24 hours notice is required to cancel or change an appointment.**

*Should this requirement not be met, a late cancellation or non-attendance fee of \$130 will apply in all instances as this practice elects not to assess the merits of each individual situation.*

I confirm that I have read and understand the content in this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CREDIT CARD DIRECT DEBIT AUTHORITY

I, \_\_\_\_\_ authorise Halina Selwyn-Cross/Neel le Roux until further written notice from me, to utilise my bankcard details as provided below and to draw from this nominated account the Practitioner's agreed fee at the end of each consultation.

This authority is also applicable to non-attendance or late cancellation fees.

Name on card \_\_\_\_\_

Card Number

Expiry Date            /            \_\_\_\_\_

Signature \_\_\_\_\_

Date            /            /            \_\_\_\_\_

Name of Client, if not the Card Holder \_\_\_\_\_