

## 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

### Halina Selwyn-Cross

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

## PERSON TO BE CONTACTED IN AN EMERGENCY

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

## 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 reviewed annually at the beginning of each financial year.

### Fees

Individual Psychotherapy (50min) .....\$318.00

Couple Psychotherapy (60min). ....\$354.00

Reports, Letters/Forms to Schools/Uni/  
and Workplace ..... Pro Rata +gst

### 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 your 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, the full consultation fee 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 \_\_\_\_\_