JENNY ELLISON
PSYCHOLOGY

Registration Form

Please download this form.

Please Note: The Banking Form and DASS21 Form (pg. 4 & 5) are not essential to fill in.

1. This is an Interactive PDF; or
2. Alternatively please print and fill in;
3. Please return to psychology@jennyellison.com.au

JENNY ELLISON
CLINICAL. COUNSELLING. PSYCHOLOGIST.

0403 389 844
psychology@jennyellison.com.au

ABN 66 451 812 522
Jenny Ellison Psychology
Medicare Provider Number: 2667803T

Leederville
Unit 10, 224 Carr Place
Leederville WA 6007

jennyellison.com.au

Registration Form

Today's Date:
Full Name:
Date of Birth:
Street:
Suburb:
Postcode:
Email: OK to Email
Home Phone: OK to Phone OK to leave message
Work Phone:
Mobile:

Preferred method for reminder of appointments: (Please check) Email Mobile (SMS) Both
Please indicate which type of health cover you have: (Please check) Medicare Private
Name of Doctor: Doctor's Phone:
Referred by:

Emergency Contact

Name of Contact: Phone Number:
Relationship:

General Information

Employment Status: (Please tick) Fulltime Part-time Student Other
Employment Job/Title:
Employer:
Marital Status:
Current Medications:
Please list any current medical illnesses:
Please list any relevant past medical illnesses:

Have you ever received counselling: (Please tick) Yes No
Have you ever received psychiatric care or been hospitalised for a psychiatric illness? Yes No
If yes, please specify:

Please check the primary nature of the presenting problem:

- ☐ Anxiety
- ☐ Stress
- ☐ Depression
- ☐ Trauma
- ☐ Interpersonal conflict
- ☐ Grief
- ☐ Aggression
- ☐ Self-esteem
- ☐ Family
- ☐ Eating problems
- ☐ Relationship
- ☐ Health/medical
- ☐ Work related issues

☐ Other (Please specify)

JENNY ELLISON
CLINICAL. COUNSELLING. PSYCHOLOGIST.

0403 389 844
psychology@jennyellison.com.au

Registration Form (Continued)

Suitable Days / Location: (Please tick)

Which days and locations work best for you?

☐ Monday ☐ Tuesday
☐ Wednesday ☐ Thursday

Which times work best for you? ☐ 9.00am ☐ 10.30am ☐ 12.00pm ☐ 2.00pm ☐ 3.30pm

Source of Referral: (Please tick)

Who has referred you?

☐ Organisation ☐ Friend ☐ Family ☐ GP

If it is an organisation, friend or family please give their name:

If it is a GP, Please give name of GP and practice and whether you have a Mental Health Care Plan:

In case of a Delay in booking an appointment: (Please tick)

If I have no availability at present, would you like to go on the wait list to be contacted as soon as there is availability?

☐ Yes ☐ No

If Yes, please give best contact details:

Email: ☐ OK to Email

Mobile or Phone: ☐ OK to Phone

Information Sheet

To Book sessions

Email:
psychology@jennyellison.com.au

Phone:
Text Jenny on 0403 389 844.

Address:
Unit 10, 224 Carr Place Leederville, WA 6007

Parking & Directions:
The entrance to the building is through Sayers Café Courtyard. Usually there is a 2 hour street parking available outside the café. There is a waiting area as you walk in to the building with red leather sofas.

I look forward to meeting you soon.

JENNY ELLISON
CLINICAL. COUNSELLING. PSYCHOLOGIST.

0403 389 844
psychology@jennyellison.com.au

Banking Details

Please fill in the following details to arrange automatic payment of your Invoice. This information will be shredded once entered into the encoded and confidential system of Healthkit which is a safe and confidential Allied Healthcare record keeping system.

NAME: _____

Bank Details

Account Name: _____

BSB: | | | | | | |

Account Number: | | | | | | | | | |

Master / Visa Card (To Pay and to Receive Medicare Refund)

Name on Card: _____

Card Number: | | | | | | | | | | | | | | | |

Expiry: | | | |

CVC: | | |

Medicare Details

Name: _____

Number: | | | | | | | | | |

Ref No. |

Expiry: | | | |

Private Medical Cover Details (If Applicable)

Company Name: _____

Membership Number: | | | | | | | | | |

Ref No. |

Card Issue Date: | | | |

DVA Card (If applicable)

Accepted Disability: _____

DVA Card Number: | | | | | | | | | |

Expiry | | | |

DASS 21

NAME _____ DATE _____

BLACK DOG INSTITUTE

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down							
2	I was aware of dryness of my mouth							
3	I couldn't seem to experience any positive feeling at all							
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)							
5	I found it difficult to work up the initiative to do things							
6	I tended to over-react to situations							
7	I experienced trembling (eg, in the hands)							
8	I felt that I was using a lot of nervous energy							
9	I was worried about situations in which I might panic and make a fool of myself							
10	I felt that I had nothing to look forward to							
11	I found myself getting agitated							
12	I found it difficult to relax							
13	I felt down-hearted and blue							
14	I was intolerant of anything that kept me from getting on with what I was doing							
15	I felt I was close to panic							
16	I was unable to become enthusiastic about anything							
17	I felt I wasn't worth much as a person							
18	I felt that I was rather touchy							
19	I was aware of the action of my heart in the absence of physicalexertion (eg, sense of heart rate increase, heart missing a beat)							
20	I felt scared without any good reason							
21	I felt that life was meaningless							
	TOTALS							

JENNY ELLISON
CLINICAL. COUNSELLING. PSYCHOLOGIST.

0403 389 844
psychology@jennyellison.com.au

Consent Form

Cancellation Policy

I understand that I am responsible for payment of 50% of the fee for all appointments that are missed or changed with less than 24 hours notice and that the fee will not be covered under Medicare.

Billing Policy

1. I understand that I am responsible for the full amount of my bill for the services provided.
2. I understand that I am responsible for payment for each appointment on the day it is provided.

Insurance Policy

1. I authorise use of the information on this form for all of my insurance submissions.
2. I have read and understand my rights as a client as set out by the APS Charter for Clients of Psychologists.

Collection of Information

Psychologists are bound by the privacy *Amendment (Private Sector) Act 2000*, which concerns the protection of your personal information. As part of providing psychological services, the psychologist may need to collect and record personal information from you that is relevant to your situation. Upon request you may access the material recorded in your file within the limits of copyright.

Confidentiality

All personal information gathered will remain confidential except when:

1. It is a legal requirement to disclose information.
2. Failure to disclose information would place either you or another person at significant risk of harm.
3. If I am referred by my General Practitioner, the Psychologist will communicate with the GP about progress, attendance and the nature of the problems.
4. Your prior approval has been obtained to
    a. provide a written report to another professional or agency (eg., GP); or
    b. discuss the material with another person (eg., parent, employer); or
    c. if disclosure is otherwise required or authorised by law.

Duty of Care

Whilst all reasonable care is taken for risk management, the psychological service provided is not set up for immediate crisis response and in case of emergency care required, patients should contact the relevant community resources (i.e. Lifeline 13 11 14 or nearest hospital).

I _____ have read and understand the above consent information and agree to these conditions provided by my Psychologist.

Signature: _____ Date:_____

CLICK TO SEND VIA EMAIL

PRINT FORM

CLEAR FORM

Alternatively please save and email via your prefered application to: psychology@jennyellison.com.au