



### Child Details

Given Name:	Surname:
Preferred Name:	Date of Birth:
Grade:	School:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 only <input type="checkbox"/> Parent 2 only <input type="checkbox"/> Shared care <input type="checkbox"/> Other	
Details of Shared Care/Other:	

### Parent 1 Details

Full Name:		
Address:		
Suburb/Town:	State:	Postcode:
Phone: (H)	(M)	(W)
Which phone would you prefer me to contact you on? <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work		
Can I leave a message for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:		

### Parent 2 Details

Full Name:		
Address:		
Suburb/Town:	State:	Postcode:
Phone: (H)	(M)	(W)
Which phone would you prefer me to contact you on? <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work		
Can I leave a message for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:		

**Alternate contact (relative/friend)**

Full Name:

Address:

Suburb/Town:

State:

Postcode:

Phone: (H)

(M)

(W)

**Other Details**

Are you or your child currently involved in, or likely to be involved in, any legal dispute/court case?

 Yes  No

Details:

Please note. This practice does not work with court cases and does not offer court or medico-legal reports. If you are likely to require such a service, please bring it to our attention for discussion.

Name of GP:

Phone:

Address:

Suburb/Town:

State:

Postcode:

 Medicare mental health plan Private Health Insurance Self-Funded Other (give details)