

REGISTRATION

Please ask your referring Doctor to complete this application form. It is essential to have a valid Mental Health Care Plan for access to any Medicare and Private Health Fund rebates that may apply.

APPLICATION FORM

Places in the program will be allocated strictly in order of application, provided that the preliminary requirements have been completed:

- Referral by the treating GP or Psychiatrist
- Written Mental Health Plan outlining the purpose of the referral, diagnosis and current treatment
- Assessment process that will include clinical assessment, goal- setting and data collection for The Anxiety Clinic research.

Full name _____

Address _____

Postcode _____

Date of Birth _____

Tel (Home) _____ Work _____

Mobile _____

Email _____

Next of Kin (or contact person) _____

Tel (landline) _____ Mob _____

Referring Doctor _____

Practice Address _____

Telephone _____ Mob _____

Fax _____ Email _____