

# Dr John Barletta

CLINICAL PSYCHOLOGIST

## Patient Intake Form

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Briefly list your concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about me: \_\_\_\_\_

I have read, understood, agreed with, and retained the *Information and Consent Document*.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### **Psychologist's Notes**

***Private Health Fund:*** \_\_\_\_\_

***Scheme:*** BrisMind, CDM, AMP, MHTP \_\_\_\_\_

GP: \_\_\_\_\_

Provider #: \_\_\_\_\_

Referral date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Rx:*** \_\_\_\_\_

Referral to: \_\_\_\_\_