

# Armchair Psychology Practice

Your appointment is with ..... at ... am/pm on ....../.../.....

Please provide us with the following confidential details. They will only be used for contacting you, or, with your permission, your doctor or family members. Referral information helps us to help you.

Title:..... Surname: .....First Name/s:.....

Date of Birth ...../...../.....

## Contact Details:

Mobile: ..... Email:.....

Home Phone: ..... Work Phone:.....

## Doctors Details:

Dr.: ..... Provider Number:.....

Referral Date: ...../...../.....

Phone:.....

Address:.....

.....Postcode: .....

Please sign here to permit us to contact your doctor: .....

I am seeking advice on:.....

I found out about Armchair Psychology Practice .....

.....

- Radio                       Print Media                       Yellow Pages Online  
 Yellow Pages                       Another client of the practice                       Internet  
 Other .....

***Missed appointments or late cancellations prevent us from helping someone else in need.***

***I understand that it is my responsibility to contact Armchair Psychology Practice and give fair notice if I do not intend to keep my appointment, and that otherwise I will be responsible for the full fee.***

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signed

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dated