

ABN: 42 225 078 655
Phone: 0438 400 446
Email: linda@highlandsholistic.com.au
Address: 9 Station Street, Mittagong NSW 2575

Name: _____ Date of Birth: _____

Parent (if applicable): _____

Address: _____ Suburb: _____

Post Code: _____ Telephone(M): _____ (H): _____

Emergency Contact: _____ Phone no.: _____

Email (for professional emails only): _____ Would you like to join our mailing list?
(upcoming workshops, news, etc.): Y / N
Unsubscribe at any time.

Medicare no.: _____ Expiry: _____ Patient no.: _____

Private Health Fund: _____ Member no.: _____

NDIS eligibility: _____ Y / N Billing info: _____

Billing address: _____

Employer: _____ Length of Service: _____

Culture of origin: _____ Relationship Status: _____

Children (how many?): _____ Children still at home: _____

How did you find out about this service? _____

Referring doctor/GP: _____ Address: _____

If I need to work with your doctor, do you give permission for me to contact them?: Y/N GP Phone: _____

Mental health & other relevant diagnoses (continue on back if needed): _____ Relevant medication (include herbal medicines/vitamins used to treat mental health): _____

Reason for visit: _____ When did it first occur/how long has it been an issue?: _____

What treatments have you tried?: _____

ABN: 42 225 078 655

Phone: 0438 400 446

Email: linda@highlandsholistic.com.au

Address: 9 Station Street, Mittagong NSW 2575

What has helped with this issue in the past?:

What are your expectations of Transpersonal Art Therapy?:

Do you dream?:

Do you record dreams?:

What do you do to relax?:

Any other relevant information that you wish to provide

(spiritual practice, physical mobility, accessibility, other):

Signature:

Date: / /

Please see our privacy statement, and our privacy policy on our website for further information on use of personal information.