

Feel-good Health Services

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YOUR PERSONAL DETAILS (Strictly Confidential)

Please fill out the following details in full, and bring to your first session.

Title:	Surname:	
Given names:		D.O.B.
Address:		
Postcode:	Email:	
Phone number/s:		
Occupation:		
Marital status:		
Contact person in case of emergency:		
Phone:	Relationship:	
<ol style="list-style-type: none"> The one hour session includes time for concluding payment and making new appointments (as required). Credit card & EFTPOS facilities are available. 		
Health Fund (if any):	Referred by:	
Signature:	Date:	

Cancellation policy: If you give notification of a cancelled appointment with less than 24 hours notice you may be charged a cancellation fee. Non attendance at an appointment without notification may attract the payment of the full fee.

Change of information: If any of this information should change during the course of your professional contact with me, could you please let me know.

Thank you for completing this form.

Richard Rigby