



Dunedin Psychology

Client Information Sheet

Please print clearly

Full name:	
Preferred name:	Date of birth:
Street address:	
Postal address (if different from street address):	
Email address:	
Mobile telephone:	Is it OK to leave you a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home telephone:	Is it OK to leave you a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact person's name and phone number	Is it OK to leave you a message with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Dunedin Psychology? (Or if you were referred, who were you referred by?)	
Name and email address of the person who will be paying (if not yourself)	
Who is your General Practitioner?	Is it OK for us to liaise with your GP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your signature:	Date: