

# Feel-good Health Services

## Richard Rigby

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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:		
<b>Postcode:</b>	<b>Email:</b>	
Phone number/s:		
Occupation:		
Marital status:		
Contact person in case of emergency:		
Phone:	Relationship:	
<ol style="list-style-type: none"> <li>1. The one hour session includes time for concluding payment and making new appointments (as required).</li> <li>2. Credit card &amp; EFTPOS facilities are available.</li> </ol>		
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