

Client registration



This form is for completion by individuals or parents/guardians/caregivers of children referred for Solasta therapy or assessment services.

Client details (parents/guardians/caregivers: please complete on behalf of your child)

First name:		Last name:	
Preferred name:		Date of birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Pronouns:		Do you identify as Aboriginal or TSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language(s) spoken at home:		Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
Mobile number:		Preferred number for SMS reminders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:		Preferred email for communication:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/guardian/caregiver details (if client is a minor or subject to administration orders)

Parent/guardian/caregiver 1

First name:		Last name:	
Preferred name:		Relationship to client:	
Address:		Emergency contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile number:		Preferred number for SMS reminders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:		Preferred email for communication:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/guardian/caregiver 2 (details of both parents should be provided where possible)

First name:		Last name:	
Preferred name:		Relationship to client:	
Address:		Emergency contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
Mobile number:		Preferred number for SMS reminders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:		Preferred email for communication:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional details

Referral type/primary funding source:	<input type="checkbox"/> Medicare <input type="checkbox"/> NDIS <input type="checkbox"/> DCP <input type="checkbox"/> DFE <input type="checkbox"/> AISSA <input type="checkbox"/> Private <input type="checkbox"/> Other (please specify) _____
Cultural considerations:	
Other considerations e.g. access or communications needs:	
How did you hear about Solasta:	<input type="checkbox"/> Existing client <input type="checkbox"/> Friend/word of mouth <input type="checkbox"/> Internet search <input type="checkbox"/> Allied health professional <input type="checkbox"/> Medical practitioner <input type="checkbox"/> EAP <input type="checkbox"/> School / DFE / AISSA <input type="checkbox"/> Other service provider <input type="checkbox"/> Other (please specify) _____

Family court orders / administration orders

If the client is under 18 years of age, are there any family court orders in place? A COPY OF ANY ORDERS WILL BE REQUIRED BEFORE SERVICES CAN BE PROVIDED.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	
Are there any administration orders in place? A COPY OF ANY ORDERS WILL BE REQUIRED BEFORE SERVICES CAN BE PROVIDED.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

Appointment of representative (if applicable)

I permit the representative named below to negotiate services and sign service agreements and/or other documentation on my behalf.

I understand I can cancel or change this appointment at any time.

First name:		Last name:	
Preferred name:		Relationship to client:	
Mobile number:		Emergency contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
Email address:			

Professional responsibility

Solasta is committed to maintaining the highest quality professional standards. Our practitioners are registered with the relevant national authorities or peak bodies and are required to abide by the code of ethics, standards, policies and guidelines of the registration boards:

- Psychology Board of Australia
- Speech Pathology Australia
- Medical Board of Australia

Fees and appointments

- Fees are payable on the day of your service.
- Our staff will confirm the fees/rebates which apply to your appointments.
- Medicare appointments are generally 50 minutes.
- NDIS appointments are generally 1 hour unless otherwise requested by you or recommended by your clinician.
- Some appointments may need to be changed due to unforeseen circumstances and, in these instances, we will contact you at the earliest opportunity.
- We endeavour to confirm appointments via SMS or email. However, it remains your responsibility to be aware of your scheduled appointments.
- If you arrive late, please be aware the consultation will still need to finish at the scheduled time to ensure we are on time for our other clients.

Cancellation policy

We understand that you may need to cancel or reschedule appointments and we ask that you provide us with at least 24 hours' notice. If you cancel with less than 24 hours' notice, a cancellation fee may apply. If you fail to notify our office of a cancellation and do not attend your appointment, you may be charged the full cost of the appointment. Cancellation fees for NDIS services will be charged in accordance with the NDIS Price Guide.

Telehealth services

Where appropriate services may be provided by telephone or videoconferencing. You are responsible for the costs associated with setting up the technology needed so you can access telehealth services. Solasta will be responsible for the cost of the call to you and the cost associated with the platform used to conduct telehealth services.

To access telehealth consultations, you will need access to a quiet, private space; and an appropriate device, i.e. smartphone, laptop, iPad, computer with a camera, microphone and speakers; and a reliable broadband internet connection.

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used.

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the psychology session. In addition, there may be some services for which telehealth is not appropriate or effective. Your clinician will consider and discuss with you the appropriateness of ongoing telehealth sessions.

Client consent

I have read and understood the information provided and have discussed any outstanding questions with my clinician:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to the above conditions for services:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is consenting:	<input type="checkbox"/> Client <input type="checkbox"/> Parent/guardian/caregiver		
Both parents and/or legal guardians aware of and consenting to the services:	<input type="checkbox"/> Yes <input type="checkbox"/> No Where parents are separated, consent may be required from both parents' dependant on parenting arrangements and/or court orders. If you have answered 'No' please contact us for a discussion prior to your appointment or it may not be able to proceed.		
Name:			
Signature:		Date:	
WHERE A SIGNATURE IS NOT POSSIBLE IT IS ASSUMED CONSENT TO PROCEED IS PROVIDED			

Thank you for completing this registration form.

When completed please e-mail to info@solasta.net.au or fax to **(08) 7160 1999**