

New Client Form

Work or Vehicle Injury Claim



PURPOSE | PRACTICE | PERSISTENCE

Confidentiality

Confidentiality is important in building a relationship with you and will be discussed early on in your session/s with us. This means that whatever you discuss in sessions with us remains private and will not be passed on to anyone else without your permission.

However, there are some exceptions to this:

- When your, or someone else's health or safety are seriously threatened, and the information will help them.
- If your written consent has been obtained to share information to another person (e.g., family member, employer, doctor, or another agency).
- If your case file is subpoenaed by court - we will let you know about the request.

To assist us in working with you, we will need to collect and record personal information from you that is relevant to your situation. While most of our information will be collected directly from you, we may need to speak to your doctor(s), allied health practitioners, case managers, family members, or others involved in your care with your permission. Your personal information will be recorded in a secure Paragon PsychConnect database not available to anyone outside of Paragon PsychConnect.

Client Details

Title * Date of Birth *
Mr Mrs Ms Other

First Name * Last Name *

Preferred First Name Gender *

Home Phone Mobile Phone * Work Phone

Email Address *

Address *

Suburb State Post Code

Emergency Contact Name Emergency Contact Phone

Guardian/Caregiver Name (if applicable) Guardian/Caregiver Phone

Website: <https://paragonpsychconnect.com.au/>

Email: admin@paragonpsychconnect.com.au

* indicates a required field

New Client Form Work or Vehicle Injury Claim

Work or Vehicle Injury Claim (Compensable) Details

Type of Claim *

Work Injury Motor Vehicle Accident Other

Insurance Company

Claim Number

Date of Injury/Accident *

Accepted Claim *

Yes No Don't Know

Case Manager Name

Case Manager Phone

Case Manager Email Address

Billing Postal Address

Suburb

State

Post Code

Billing Email Address

Treating Doctor Name

Doctor Phone

Doctor Fax

Treating Doctor Address

Suburb

State

Post Code

The following Employer details are required if Type of Claim is Work Injury.

Employer

Employer Contact Person

Contact Phone

Referral Attached *

Yes No

File Attachments

If you are filling in this form manually, please attach all relevant documents for this Work or Vehicle Injury Claim form.

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PURPOSE | PRACTICE | PERSISTENCE

Release of Information Consent

All information is considered confidential and used solely for providing care and management of your case. We may need to contact some or all of the following people in regard to your recovery. You can remove this authority at any time.

General Practitioner

Specialist

Case Manager

Other People (Allied Health)

Other People (Family or Friend)

I agree to Paragon PsychConnect communicating with the above individuals regarding my care.

Client or Guardian/Caregiver

Date *

Consent and Acknowledgement *

I give consent for treatment provided by Paragon PsychConnect.

I agree to this consent remaining valid until such time as I withdraw my consent.

I agree to SMS and email messages regarding appointments as a courtesy reminder.

I give consent for the Paragon PsychConnect privacy policy, which is on our website.

Subscriptions *

Did you know that Paragon PsychConnect email subscribers receive exclusive access to member only tools and services AND reduced rates for online and group programs? PLUS we will provide you with a FREE hypnosis track when you subscribe.

It doesn't cost anything to sign up and you can unsubscribe any time. We will never pass on your email address to anyone else.

Subscribe to Paragon PsychConnect *

Yes No



Payment and Cancellation Policy

We request 24 hours' notice of cancellation of appointments. Failure to do so or DNA (non-attendance without letting us know) will incur a cancellation fee of 100% of the fee.

Work or Vehicle Injury Claim: This is not covered by your insurer and is payable by you.

Private/Medicare: This is not covered by your Private Health Insurer or Medicare and is payable by you.

NDIS: As per your service agreement.

Please ensure that you keep a record of your appointment and do not cancel only when you receive a reminder SMS or email. The reminder is just a courtesy.

Client or Guardian/Caregiver

Date *

Website: <https://paragonpsychconnect.com.au/>

Email: admin@paragonpsychconnect.com.au

* indicates a required field