Gold Coast Clinic

GOLD COAST DBT
AUSTRALIAN DBT INSTITUTE

DBT ASSIST

The Gold Coast's provider of Australian DBT Institute's Services

Call our team on 07 5647 3438

Level 1, 115 Scarborough St Southport QLD 4215

Client Registration Form

Essentia Health Clinics are committed to recognising the rich diversity of our clients. If you have any questions about any of the information we are collecting, please don't hesitate to discuss with us. Our Privacy Policy is also available at reception.

If you do not wish to complete this side of the client registration form you can choose not to do so by drawing a line through this page and proceeding to the other side of our client registration form.

Name You Use: _____

Name on Birth Certificate: _____ ☐ Decline to state

Sex listed on your birth certificate: ☐ Female ☐ Male ☐ Other _____

Gender:
☐ Decline to state ☐ Female ☐ Male ☐ Intersex ☐ Female to Male
☐ Male to Female ☐ Another gender _____

Gender Identity:
☐ Decline to state ☐ Agender ☐ Androgyne ☐ Gender Fluid ☐ Man ☐ Nonbinary
☐ Transgender ☐ Woman ☐ Another Identity _____

Pronouns: We encourage the use of appropriate pronouns by our staff and consultants. Your below preferences can be be used in documentation, communication and changed at any time on request.

Normative Pronoun (subject) *They booked an appointment*
☐ e ☐ he ☐ she ☐ they ☐ xe ☐ ze ☐ Another normative pronoun _____

Accusative (object) *I called her to confirm*
☐ em ☐ her ☐ him ☐ hir ☐ them ☐ xem ☐ xir
☐ xyr ☐ zir ☐ Another accusative pronoun _____

Possessive (pronominal) *Xe called for xyr appointment*
☐ eir ☐ her ☐ hir ☐ his ☐ their ☐ xem ☐ xir
☐ xyr ☐ zir ☐ Another accusative pronoun _____

Possessive (predicative) *The appointment is xyrs*
☐ eirs ☐ hers ☐ hirs ☐ his ☐ theirs ☐ xirs ☐ xyrs ☐ zirs
☐ Another predicative pronoun _____

Reflexive *Xe will arrive by xemself*
☐ emself ☐ herself ☐ himself ☐ hirself ☐ theirself ☐ themselves ☐ xemself
☐ xirself ☐ xyrself ☐ zirself ☐ Another predicative pronoun _____

Is there anything about your gender or sex that you would like for us to know? You can share this information privately with your individual therapist in person, or you can attach a separate note and we will upload this information to your confidential medical record (please review our privacy statement for how we manage personal information).

Gold Coast Clinic

GOLD COAST DBT
AUSTRALIAN DBT INSTITUTE

DBT ASSIST

The Gold Coast's provider of Australian DBT Institute's Services

Call our team on 07 5647 3438

Level 1, 115 Scarborough St Southport QLD 4215

Client Registration Form

SECTION A - PATIENT INFORMATION

Title: **Mr | Mrs | Ms | Miss | Mast. | Dr**		
Surname:	First Name:	
Preferred Name:	Date of Birth:	Gender: **Male | Female | Other**
Address:		
Suburb:	State:	Postcode
Home Phone:	Mobile:	Work:
Email:		
Do you consent to SMS/Email Reminders: **Yes | No**		
Are you Aboriginal or Torres Strait Islander: **Aboriginal | Torres Strait Islander | Aboriginal/Torres Strait | Neither**		
Country of birth:		
Do you require and Interpreter: **Yes | No**	Language if required:	

SECTION B - GOVERNMENT IDENTIFIERS

Medicare Number: _ _ _ _ _ _ _ _ _ _ _ Patient Number on Card: _ _ Expiry: _ _ / _ _

Pension Card Number: _ _ _ _ _ _ _ _ _ _ _ Expiry: _ _ / _ _ / _ _

Healthcare Card Number: _ _ _ _ _ _ _ _ _ _ _ Expiry: _ _ / _ _ / _ _

DVA Number: _ _ _ _ _ _ _ _ _ _ _ Colour: _____ Conditions: _____ Expiry: _ _ / _ _

SECTION C - IN CASE OF EMERGENCY

Next of Kin	
First Name:	Surname:
Contact Number:	Alternate Contact:
Relationship to patient:	
Emergency Contact	
First Name:	Surname:
Contact Number:	Alternate Contact:
Relationship to patient:	

When do you give permission for Gold Coast DBT to contact your Emergency Contact?

☐ Medical Emergency (we will contact emergency services first)

☐ Mental Health Emergency

☐ If we contact you several times with no response

☐ If you have left Gold Coast DBT without notice