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## WORK & DEVELOPMENT ORDER (WDO) CLIENT INTAKE & CONSENT FORM

### CLIENT INFORMATION

Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

WDO Number: \_\_\_\_\_ Medicare Card Number: \_\_\_\_\_

Medicare Ref. Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### PRIVACY & CONFIDENTIALITY LIMITATIONS

I understand that confidentiality cannot be maintained in the following circumstances:

- If there is a risk of self-harm or suicide
- If there is a risk of harm to others
- If I or my records are subpoenaed by a court of law

I acknowledge and accept the above privacy limitations.

### CANCELLATION POLICY

I understand and agree that non-attendance or cancellation of a scheduled appointment with less than 48 hours notice will result in a fee of \$250.00. I further understand that repeated non-attendance or late cancellations may result in the cancellation of my Work & Development Order and termination of psychological services.

I acknowledge and accept the cancellation policy outlined above.

### CONSENT & AUTHORIZATION

By signing below, I confirm that I have read, understood, and agree to all terms and conditions outlined in this intake and consent form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*This form is confidential and will be stored securely in accordance with privacy legislation.*