

APPOINTMENT DETAILS

[Start Over](#)

Practitioner
Dr Gill Walker
Mobile: 0415 227 200

Address
6/21 Sydney Road, Manly, New South
Wales, 2095

Choose a clinic:

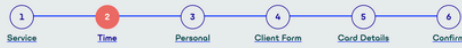
Manly Clinical Psychologist Dr Gill Walker



Choose your clinic - between in person or telehealth via the dropdown arrow

Select a service

SERVICE ITEM	DURATION	PRICE
In-clinic consultation		
<input checked="" type="checkbox"/> 1 person sees Clinical Psychologist	50 mins	A\$280.00
<input checked="" type="checkbox"/> 2+ people see Clinical Psychologist - Couples Therapy	50 mins	A\$318.00
<input checked="" type="checkbox"/> Neuro Developmental Assessment 3 hours (two x 3 hour appointments required for full assessment)	180 mins	A\$840.00
<input checked="" type="checkbox"/> PTSD Trauma Focussed CBT Therapy for clients diagnosed with PTSD	50 mins	A\$318.00



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A\$280.00

Pick a time

(GMT+10:00) Canberra, Melb



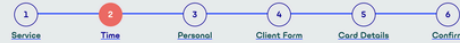
Choose your timezone

03 May - 09 May

[View calendar](#)

Sun 03 May	Mon 04 May	Tue 05 May	Wed 06 May	Thu 07 May	Fri 08 May	Sat 09 May
-	-	-	Not Bookable	-	-	Not Bookable

Next available Monday 11 May 2026



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(GMT+10:00) Canberra, Melb



Choose your appointment day and time

10 May - 16 May

[View calendar](#)

Sun 10 May	Mon 11 May	Tue 12 May	Wed 13 May	Thu 14 May	Fri 15 May	Sat 16 May
Not Bookable	8:30 am 9:30 am	Not Bookable	Not Bookable	7:30 pm	Booked Out	Not Bookable

Is this appointment for you or someone else?

Myself Someone else

Fill in your details

First Name Last Name

Date of birth (dd/mm/yyyy) +61

Email

Appointment notes:
Provide more information for the practice (e.g. topics you wish to discuss, any assistance required etc.)

SUBMIT



Complete your personal details

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Time
Monday 11 May 2026
8:30 am for 50 minutes



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Verify your details

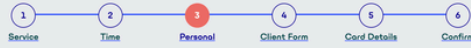
Please enter the 6-digit verification code that we just sent to your phone (+61 [redacted])

VERIFY

[Send code to \[redacted\].com](#)



Check your device for a verification code



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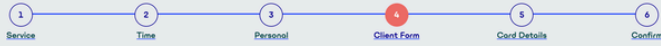
Please enter the 6-digit verification code that we just sent to your phone (+6 [redacted])

VERIFY

[Send code to \[redacted\].com](#)



Enter your verification code



Client form

This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

Client

Client Details

Name

Title Middle Name

Preferred Name

Date of Birth

Gender

Contact Email

Timezone

Phone Numbers

Mobile Main

[ADD NEW PHONE](#)

Introduction Source

Introduction Source

Comments...

05-May-2026

Mandatory questions

[SAVE AND CONTINUE](#)



Complete the form

Client form

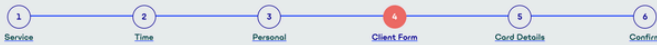
This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

← Add in a contact



FIND A PRACTITIONER PERSONAL HEALTH RECORD

LIST YOUR PRACTICE



Client form

This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

← Add in address



FIND A PRACTITIONER PERSONAL HEALTH RECORD

LIST YOUR PRACTICE

This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

← Add in credit card details - your card is held as a guarantee and will not be charged as at the time of booking.



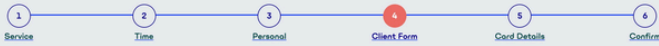
Client form

This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

* Client	PAYMENT DETAILS
* Payment Details	To ensure that you can pay for your bookings, we require that you provide your card details. Your card will not be charged until the day and time of your appointment. Any appointment cancelled within 24 hours of your appointment time will require payment in full.
DASS 21	
* Mark Completed	

Credit Card Details			
Name	Type	Number	Expiry
[REDACTED]			
ADD CREDIT CARD			
* Mandatory questions			
SAVE AND CONTINUE		GO BACK	

Complete the DASS-21 questionnaire



Client form

This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

Never Sometimes Often
 Almost Always



Complete the short DASS-21 questionnaire

Client form

This practice requires a complete form for booking this appointment. After you submit this form, you can proceed to secure your appointment booking.

* Client	MARK COMPLETED
* Payment Details	Confirm you are ready to finalise and submit this form to your practitioner.
DASS 21	<input checked="" type="radio"/> Yes, I've checked that I've completed the form and saved my answers
* Mark Completed	

* Mandatory questions	
SUBMIT	GO BACK



Submit and please CHECK YOUR INBOX for next steps.