Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E info@ecmonhudson.com
www.ecmonhudson.com

ADULT REFERRAL FORM - CLIENT DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other Date of Birth:

Surame: Christian Name:

Gender: ☐ Male ☐ Female ☐ Other Mobile:

Email: Phone:

Address: Postcode:

Occupation: Work Phone:

Employment Status: ☐ Employed ☐ Self Employed ☐ Unemployed ☐ Retired ☐ Student

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ In a relationship

MEDICAL INFORMATION

Family Doctor: Doctor Phone:

Medical Condition/Previous Diagnosis - *describe if applicable:*

Medication(s) - *list if applicable:*

Referrer's name and agency *(if not the Family Doctor)*:

Medicare No: Number on card:

National Disability Insurance Scheme No.: Date Commenced:

Do you have a Mental Health Care Plan: ☐ Y ☐ N Do you have an Enhanced Care Plan: ☐ Y ☐ N

EMERGENCY CONTACT

Full Name: Phone:

Relationship: Mobile:

ISSUE(S) TO BE ADDRESSED *(Please tick those that may apply)*

☐ Despression	☐ Post traumatic stress	☐ Alcohol / substance abuse
☐ Anxiety	☐ Career guidance	☐ Anger
☐ Stress	☐ Time management	☐ Self esteem
☐ Relationship	☐ Concentration and focus	☐ Self harming
☐ Chilhood issues	☐ Pre / post-natal depression	☐ Phobias
☐ Suicidal thoughts	☐ Bereavement	☐ HSC support
☐ Abuse	☐ Family difficulties	☐ Learning difficulties
☐ Gender / Sexuality	☐ Domestic violence	☐ Adult Autism Spectrum Disorder
☐ Workers compensation	☐ Eating disorder	☐ Elderly mental health

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E info@ecmonhudson.com
www.ecmonhudson.com

PRESENTING CONCERNS

1) BEHAVIOUR

- ☐ Reactive and explosive behaviours
- ☐ Argumentative
- ☐ Struggles to conform to workplace
- ☐ Has little remorse
- ☐ Seems to lack empathy
- ☐ Has a desperate need to feel as though they are in control
- ☐ Always seems to be avoiding issues
- ☐ Self harms
- ☐ Little resilience

2) MENTAL HEALTH

- ☐ Low self-esteem
- ☐ Lack of confidence
- ☐ Can become easily irritated and frustrated
- ☐ Experiences negative thoughts
- ☐ Can get very fearful and anxious
- ☐ Displays distorted views
- ☐ Dislikes change
- ☐ Prefers to be alone
- ☐ Always seems moody
- ☐ Looks and acts depressed
- ☐ Unable to apply myself to a hobby, sports and school work
- ☐ Often refuses to go to social occasions

3) SOCIAL

- ☐ Reluctant to talk when in a group
- ☐ Talks about inappropriate things
- ☐ Experiences social anxiety
- ☐ Prefers to be alone
- ☐ Unable to hold a conversation
- ☐ Overly focused on friendships
- ☐ Often refuses to go to social occasions
- ☐ Feels inadequate when with friends

GENERAL COMMENTS:

Is there anything else we need to be aware of?

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E info@ecmonhudson.com
www.ecmonhudson.com

DIAGNOSTIC SCREENER *(Please tick those that may apply)*

1) ATTENTION AND CONCENTRATION

- ☐ difficulty sustaining attention
- ☐ becoming easily distracted
- ☐ being continuously forgetful
- ☐ difficulty listening to other
- ☐ disorganisation
- ☐ mind-wandering
- ☐ failing to complete tasks
- ☐ acting without considering consequence
- ☐ fidgeting
- ☐ difficulty remaining seated
- ☐ overactivity
- ☐ low academic achievement and work productivity

2) BEHAVIOURAL

- ☐ frequent loss of temper
- ☐ being argumentative
- ☐ repeatedly defying or refusing to follow rules
- ☐ intentionally annoying others
- ☐ frequently blaming others
- ☐ irritable temperament
- ☐ repeatedly violating the fundamental rights of others
- ☐ repeatedly violating major societal rules and laws including stealing
- ☐ verbal and physical aggression
- ☐ lack of remorse
- ☐ repeated school suspensions and expulsions for rule-breaking behaviour

3) SOCIAL

- ☐ chronic deficits in the ability to bond emotionally to others
- ☐ lack of interest in forming relationships with others
- ☐ ineffectual interpersonal skills
- ☐ lack of eye contact and reciprocity
- ☐ lack of empathy
- ☐ isolative play and esoteric interests
- ☐ social isolation
- ☐ repetitive behaviours
- ☐ impaired ability to communicate effectively with others

4) TEMPERAMENT

- ☐ dysphoria
- ☐ irritability
- ☐ sad mood
- ☐ fatigue
- ☐ agitation
- ☐ lack of interest
- ☐ social withdrawal
- ☐ flat affect
- ☐ blunted affect
- ☐ excessive guilt
- ☐ low self-worth
- ☐ periodic suicidal thoughts
- ☐ severe mood swings vacillating from euphoria to dysphoria
- ☐ affective instability
- ☐ sleep and appetite problems
- ☐ racing thoughts
- ☐ grandiosity
- ☐ impulsive and risky behaviours
- ☐ distractibility
- ☐ diminished attention and concentration

5) APPREHENSIVE

- ☐ chronic apprehension
- ☐ irritability
- ☐ muscle tension
- ☐ restlessness
- ☐ becoming easily fatigued
- ☐ sleep problems
- ☐ periods of intense panic
- ☐ trembling, difficulty breathing
- ☐ racing heart
- ☐ sweating
- ☐ dizziness
- ☐ feelings that things and people are not real
- ☐ feeling detached
- ☐ nausea, and feelings of terror and dread
- ☐ adjustment issues
- ☐ sleep problem
- ☐ obsessive compulsive behaviours
- ☐ toileting problems

Continue to Question 7 over page >

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E info@ecmonhudson.com
www.ecmonhudson.com

DIAGNOSTIC SCREENER *(Please tick those that may apply)*

6) HISTORICAL

- ☐ exposure to severe trauma with subsequent response of intense fear and horror
- ☐ repeated nightmares of the trauma
- ☐ repeated memories of the trauma while awake
- ☐ behaving as if the trauma was occurring
- ☐ hypervigilance to anticipated danger
- ☐ observed startle response
- ☐ irritability, and anger outbursts

7) EMOTIONAL

- ☐ auditory disturbances including hearing voices without knowing their source
- ☐ visual disturbances including seeing things that are not actually present
- ☐ tangential, disorganised, and fragmented speech
- ☐ flat affect
- ☐ inappropriate affect
- ☐ ideas of persecution and grandeur
- ☐ lack of volition
- ☐ lost interest
- ☐ poverty of speech
- ☐ social withdrawal
- ☐ disorganised behaviour

8) NEUROPSYCHOLOGICAL

- ☐ reduced awareness of the environment
- ☐ reduced ability to focus
- ☐ shift, and sustain attention
- ☐ disorientation
- ☐ periods of mental confusion
- ☐ impairments in immediate and intermediate memory
- ☐ difficulties retrieving words when speaking to others
- ☐ using words inappropriately
- ☐ reduced ability to comprehend the spoken language of others
- ☐ difficulties recognising and naming objects
- ☐ increasing motor dysfunction including loss of balance
- ☐ motor incoordination
- ☐ becoming lost and disoriented when navigating familiar routes
- ☐ noticeable decline in forethought, organising, and logical abstract reasoning abilities.

9) PERSONALITY

- ☐ chronic difficulties establishing and maintaining interpersonal relationships of adequate intimacy
- ☐ instability of interpersonal relationships
- ☐ unstable self-image and sense of self
- ☐ affective instability including intense episodic dysphoria lasting hours to days
- ☐ inappropriate intense anger
- ☐ episodes of self-mutilation in the form of cutting when experiencing dysphoria with dissociation of pain
- ☐ repeated suicidal behaviour
- ☐ feelings of emptiness
- ☐ intense fear of abandonment
- ☐ impulsivity, failing to follow to social norms
- ☐ chronic lying
- ☐ frequently disregarding the basic rights of others
- ☐ aggressiveness, irresponsibility
- ☐ lack of guilt or remorse
- ☐ low self-worth
- ☐ lack of self-confidence
- ☐ fear of embarrassment and humiliation
- ☐ excessive dependency on others
- ☐ need to be the centre of attention
- ☐ shallow and dramatic emotional expression

10) LEARNING

- ☐ reading difficulties
- ☐ receptive language difficulties
- ☐ expressive language difficulties
- ☐ spelling difficulties
- ☐ mathematic difficulties
- ☐ suspected intellectual disability
- ☐ visual–motor coordination difficulties
- ☐ written expression difficulties
- ☐ processing difficulties
- ☐ developmental delays

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E info@ecmonhudson.com
www.ecmonhudson.com

CONFIDENTIALITY

This gathering of information is a necessary part of the assessment, diagnosis, and treatment procedure, and is seen only by the Clinician. All personal information gathered by the clinician during the provision of the service will remain confidential and secure within the practice except where:

1. A written report is compiled and consent is given to forward the report to another professional, workplace or agency
2. Failure to disclose the information would place you or another person at 'risk of harm'
3. Your prior approval has been obtained
4. Discussion of the material is required with another person

FEES

Fees and report costs are payable at the end of the session.

Health Fund and Medicare rebates apply.

$250.00	INITIAL CONSULTATION
$185.00	INITIAL CONCESSION CONSULTATION
$750.00	MULTIDISCIPLINARY REPORTS
	THERAPY
$185.00	ALL THERAPY CONSULTATIONS
$130.00	ALL CONCESSION CONSULTATIONS

DECLARATION

Signature: _____ Date: _____

VERY IMPORTANT INFORMATION:

Please **PRINT** or **EMAIL** your completed document to: info@ecmonhudson.com

Please ensure you **bring all reports** to your initial consultation.

Unfortunately, we need to charge a **cancellation fee** if you do not attend an appointment, or if you need to cancel after 3pm on the day prior to scheduled appointment. We have a wait list; hence your appointment could be allocated to someone else if we have enough notice.

Member Australian Psychological Society MAPS

Lynette Bainbridge M.A.P.S. - Consultant Psychologist B.Sc. (Psych); B. Soc. Sc; Dip Ed; MSch Cns.
APS Registration No: PS 00 036 063; Medicare Provider No: 2808782T; APHRA Registration No: 0001 379 950
Unit 3, 56 Hudson Street, Hamilton NSW 2303
Unit 1, 46 Hudson Street, Hamilton NSW 2303

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hudson Street
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879
E info@ecmonhudson.com
www.ecmonhudson.com

ECM
EDUCATIONAL CASE MANAGEMENT
PSYCHOLOGY
SPEECH PATHOLOGY
OCCUPATIONAL THERAPY

GOAL ATTAINMENT & OUTCOME EVALUATION FORM

SIDE 1: Please complete this side and return the form *before* therapy begins.

Do not complete SIDE 2, or the *small* boxes on this side, until the *end* of therapy.
This form will be returned to you at the end of therapy.

MAIN DIFFICULTIES

Please describe up to four major difficulties that you hope therapy will help you with:

1.

2.

3.

4.

Do not complete these small boxes until the end of therapy

1. ☐
2. ☐
3. ☐
4. ☐

SIDE 2: Please complete and return this side at the *end* of therapy.

HELPFUL ASPECTS OF THERAPY

1. ***Before your therapy began, you identified up to four difficulties or needs which you hoped therapy would help you with. Your original responses are on the other side of this form. By the side of each response there is a small box. To identify how much therapy has helped with each difficulty, please write the appropriate number in each box, using the guide below.***

0=Not at all 1=A little bit 2=Moderately 3=Quite a bit 4=Extremely

2. ***Could you please describe what you feel has been positive about your therapy. This might be an outcome, insight or experience.***

How helpful do you feel the experience, outcome or insight will be to you in the future? *Please tick a box*

Slightly helpful ☐ *Moderately helpful* ☐ *Extremely helpful* ☐

3. ***Looking back over your therapy, do you feel that there is anything which remains unresolved or that you still feel uncomfortable about?*** *Please tick a box* *Yes* ☐ *No* ☐

If yes, please describe what remains unresolved or what you still feel uncomfortable about and tick how hindering you feel this may be in the future.

Slightly hindering ☐ *Moderately hindering* ☐ *Extremely hindering* ☐

4. ***Overall, how satisfied are you with the service you have received?*** *Please tick a box*

Very satisfied ☐ *Dissatisfied* ☐

Satisfied ☐ *Very dissatisfied* ☐

Mixed feelings ☐

5. ***On the basis of your experience, would you recommend this service to a friend?*** *Please tick a box*

NO: definitely not ☐ *YES: I think so* ☐

NO: I don't think so ☐ *YES: definitely* ☐

6. ***Have you any additional comments you wish to make about the service you have received?***