

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

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

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Hamilton NSW 2303



NEW CHILD ADOLESCENT REFERRAL FORM - CLIENT DETAILS

Client's Name:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
School:	<input type="text"/>	School Phone:	<input type="text"/>
Teacher's Name:	<input type="text"/>	Year at School:	<input type="text"/>
Sibling's Name(s):	<input type="text"/>	Sibling Age(s):	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

MEDICAL INFORMATION

Family Doctor:	<input type="text"/>	Doctor Phone:	<input type="text"/>
Medical Condition/Previous Diagnosis - <i>describe if applicable:</i>	<input type="text"/>	Medication(s) - <i>list if applicable:</i>	<input type="text"/>
Referrer's name and agency (<i>if not the Family Doctor</i>):	<input type="text"/>		
Medicare No:	<input type="text"/>	Number on card:	<input type="text"/>
National Disability Insurance Scheme No.:	<input type="text"/>	Date Commenced:	<input type="text"/>
Do you have a Mental Health Care Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have an Enhanced Care Plan:	<input type="checkbox"/> Y <input type="checkbox"/> N

MOTHER'S DETAILS

Mother's Name:	<input type="text"/>		
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Occupation:	<input type="text"/>	Mobile No.:	<input type="text"/>
Email Address:	<input type="text"/>		
Family History - Mental Health:	<input type="checkbox"/> Y <input type="checkbox"/> N	Diagnosis:	<input type="text"/>
Family History - Learning Problems:	<input type="checkbox"/> Y <input type="checkbox"/> N	Diagnosis:	<input type="text"/>

FATHER'S DETAILS

Father's Name:	<input type="text"/>		
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Occupation:	<input type="text"/>	Mobile No.:	<input type="text"/>
Email Address:	<input type="text"/>		
Family History - Mental Health:	<input type="checkbox"/> Y <input type="checkbox"/> N	Diagnosis:	<input type="text"/>
Family History - Learning Problems:	<input type="checkbox"/> Y <input type="checkbox"/> N	Diagnosis:	<input type="text"/>

LIVING ARRANGEMENTS

Primary carer(s):	<input type="text"/>			Languages spoken at home: (<i>list below</i>)
Current Custody arrangements: - <i>if applicable:</i>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Case Manager:	<input type="text"/>	Organisation:	<input type="text"/>	
Email Address:	<input type="text"/>			

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MAIN CONCERNS

Mother:

Father:

DEVELOPMENTAL HISTORY: (if relevant)

Language:

Motor Skills:

Social/Adaptive:

Sleep:

Toileting:

Diet:

Personal Care:

Other:

MEDICAL/ASSESSMENT HISTORY:

Has your child been assessed by any of the following professionals?

NAME/ REPORT ATTACHED

Neuro-Psychologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Paediatrician	<input type="checkbox"/> Y	<input type="checkbox"/> N
Psychologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Psychiatrist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Endocrinologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
School Counsellor	<input type="checkbox"/> Y	<input type="checkbox"/> N
Speech Pathologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Occupational Therapist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Behavioural Optometrist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Audiologist	<input type="checkbox"/> Y	<input type="checkbox"/> N
Immunologist	<input type="checkbox"/> Y	<input type="checkbox"/> N

Does the child receive remedial assistance at school?

Y N

If yes, please describe assistance:

PLEASE ENSURE YOU BRING ALL REPORTS TO YOUR CONSULTATION

CHILD'S STRENGTHS

e.g. literacy, maths, art, music, sport, debating, social

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

CHILD'S WEAKNESSES

e.g. literacy, maths, fine motor skills, social, sport

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Organised activities after school - please list if applicable:

PRESENTING CONCERNS AT HOME AND AT SCHOOL

1) BEHAVIOUR

- Reactive and explosive behaviours (e.g. tantrums, throws objects, scribbles furiously)
- Argumentative (e.g. continual confrontations)
- Struggles to conform (e.g. consistently defiant, ignores the word "No")
- Has little remorse (e.g. displays little concern over their behaviour)
- Seems to lack empathy (e.g. displays little concern over others)
- Has a desperate need to feel as though they are in control (e.g. needs to know what is going on)
- Consequences makes no difference (e.g. punishment causes more a deterioration in self- worth)
- Always seems to be avoiding issues (e.g. due to fear of failure, lack of confidence, low self-esteem)
- Self harms (e.g. hitting head, picks skins, pulls hair)
- Little resilience (e.g. sensitive to criticism, over focuses on issues, can't bounce back, can't accept logic)
- Presents inattentive
- Unable to focus & concentrate

2) COMMUNICATION

- Do unfamiliar listeners have difficulty understanding your child? (I.e. speech intelligibility).
- Difficulty communicating their needs (e.g. struggles to express themselves, poor vocabulary)
- Can't sequence ideas into a story or instruction (e.g. gets mixed up, poor working memory)
- Difficulty describing events (e.g. forgets some of the detail)
- Doesn't respond to requests (e.g. acts as though they are hearing impaired)
- Doesn't follow instruction (e.g. gets confused, forgets easily, becomes distracted)
- Shows little interest in a story (e.g. difficulty to engage, inattentive)
- Good vocabulary but unable to gain good results in written expression (e.g. underachieving at school)
- Struggles with social communication cues (e.g. takes things literally, difficulty in understanding others)
- Unable to identify social cues
- Becomes frustrated when unable to communicate their needs

3) MENTAL HEALTH

- Low self-esteem (e.g. doesn't believe in themselves, has little respect for "self")
- Lack of confidence (e.g. presents as shy, unable to meet their potential, easily intimidated)
- Can become easily irritated and frustrated (e.g. gets angry with themselves and others, sensitive)
- Experiences negative thoughts (e.g. "I'm not good enough!", "No one likes me!")
- Can get very fearful and anxious (e.g. feels sick often, mood changes without obvious triggers)
- Displays distorted views (e.g. "I am at the bottom of the class!", "They purposely did that to me!")
- Struggles in adapting to new environments (e.g. struggles with new teachers, scared of new places)
- Prefers to be alone (e.g. prefers to be in their bedroom, doesn't crave for time with friends)
- Always seems moody (e.g. moods change with occasion, can become depressed easily)
- Looks and acts depressed (e.g. doesn't get excited, looks "flat" with little emotion, changes in sleep and appetite)
- Unable to apply themselves to a hobby, sports and school work (e.g. little application & commitment)
- Often refuses to go to school, camp, carnivals (e.g. feels sick prior to occasion, over focuses on event)

4) SOCIAL

- Minimal friendships
- Reluctant to talk to peers (e.g. doesn't interact, stands back, allows others to take control)
- Presents with social anxiety or avoids social occasions
- Talks about inappropriate things (e.g. seems immature, talks about own interests)
- Overly focused on friendships (e.g. craves for 1:1 interaction, craves attention & acceptance)
- Prefers to play alone (e.g. avoids after school play, avoids playground, looks disinterested)
- Has difficulty engaging in social play (e.g. doesn't interact, struggles to take turns, parallel plays)
- Gets overly excited when with peers (e.g. does silly things, becomes impulsive, poor behaviour)
- Often refuses to go to school, camps, carnivals (e.g. always suffering from a cold or stomach pain)
- Seems less mature than their peers (e.g. has interests similar to younger children, acts young)

PRESENTING CONCERNS AT HOME AND AT SCHOOL *continued*

5) SELF CARE

- Struggles to be independent (e.g. needs assistance with dressing, needs prompting to eat)
- Toileting issues (e.g. late toilet training, wets the bed occasionally, often constipated)
- Struggles with personal hygiene (e.g. reluctant to wash themselves, forgets to clean teeth)

6) ATTENTION/CONCENTRATION/ORGANISATION

- Presents as selectively inattentive (e.g. highly attentive when using technology)
- Becomes bored easily (e.g. needs constant stimulation, struggles with subjects they find difficult)
- Struggles to sit still for periods of time (e.g. fidgets, hyperactive, impulsive)
- Has difficulty organising "self" (e.g. poor executive functioning, needs constant reminding)
- Has difficulty completing school tasks (e.g. can't concentrate, finds homework overwhelming)
- Has difficulty expressing themselves on paper (e.g. poor creative writing, can't organise thoughts)
- Is easily distracted (e.g. can't study with background noise, always feels they are missing out)
- Can be impatient and impulsive (e.g. wants things "now", unable to wait their turn)

7) SENSORY

- Dislikes noisy settings (e.g. hates crowded areas, inappropriate behaviours when shopping)
- Over reacts with lots of visual information (e.g. prefers simplicity, prefers words than pictures)
- Dislikes certain food and clothing textures (e.g. sensitive to underpants & socks, dislike meat)
- Seems very sensitive and over reactive (e.g. prefers calming settings, reactive to simple changes)
- Presents more relaxed with certain objects (e.g. ipad, listening to music, certain toys and games)

8) GROSS AND FINE MOTOR SKILLS

- Avoids sport (e.g. presents as lazy, dislikes team sport, prefers to be inside on the computer)
- Appears uncoordinated (e.g. struggles to catch a ball, not keen to ride a bike)
- Avoids tasks with written components (e.g. complains tasks are too hard, hates homework)
- Poor handwriting (e.g. unable to write on the line, writes letters backwards, untidy)
- Appears to be slow and/or tense when writing (e.g. complains of a sore hand and arm)

9) VISUAL PROCESSING

- Difficulties in copying of the board (e.g. slow, makes mistakes, misses information)
- Difficulty in copying and handwriting (e.g. struggles to write it down, can't be interpreted)
- Difficulty processing visual material (e.g. prefers verbal instruction, cannot see detail)

10) LANGUAGE SKILLS

- Acquired phonological awareness and sight words consistent with age
- Reverses letters/numbers, writes words backwards, writes letters out of order
- Becomes bored easily (e.g. needs constant stimulation, struggles with some subjects)
- Has difficulty with the sequence of letters and words as they write.
- Experiences difficulty with the "mechanics" of writing (spelling, punctuation, etc.).
- Exhibits strong verbal skills
- Is dependent on context when reading and comprehending.
- Is a slow reader.

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GENERAL COMMENTS:

Is there anything else we need to be aware of?

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 or school / 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:

Signature:

Date:

Date:

VERY IMPORTANT INFORMATION:

Please PRINT or EMAIL your completed document to: info@psychologistnewcastle.com.au

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

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