ecm

EDUCATIONAL CASE MANAGEMENT

CLINICAL ALLIED HEALTH SERVICES

Psychology • Speech Pathology • Occupational Therapy • Behavioural Support • Education

Phone: 02 4969 8060 Email: info@ecmonhudson.com Fax: 02 4969 2879

ADULT REFERRAL FORM - CLIENT DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Date of Birth

Surname:

Given Name:

Preferred Name:

Preferred Pronouns:

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 ☐ Prefer not to say

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)

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

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
- ☐ 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

DIAGNOSTIC SCREEER (Please tick those that may apply)

1) ATTENTION and CONCENTRATION

- ☐ Difficulty sustaining attention
- ☐ Becoming easily distracted
- ☐ Being continuously forgetful
- ☐ Difficulty listening to others
- ☐ Disorganisation
- ☐ Mind-wandering
- ☐ Failing to complete tasks
- ☐ Acting without considering consequences
- ☐ Fidgeting
- ☐ Difficulty remaining seated
- ☐ Over-activity
- ☐ Low academic achievement and work productively

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
- ☐ Ineffective interpersonal skills
- ☐ Lack of eye contact and reciprocity
- ☐ Lack of empathy
- ☐ Isolated 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 varying from euphoria to dysphoria
- ☐ Affective instability
- ☐ Sleep and appetite problems

4) TEMPERAMENT (continued)

- ☐ 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
- ☐ Dizziness
- ☐ Feelings that things and people are not real
- ☐ Feeling detached
- ☐ Nausea, and feelings of terror and dread
- ☐ Adjustment issues
- ☐ Obsessive compulsive behaviours
- ☐ Toileting problems

Continue to Question 6 on the next page

DIAGNOSTIC SCREEER CONTINUED (Please tick those that may apply)

6) HISTORICAL

- ☐ Exposure to severe trauma with subsequesnt 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
- ☐ Hyper-vigilance to anticipated anger
- ☐ 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, disorgranised, 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 disorientated when navigating familiar routines
- ☐ Noticeable decline in forethought, organising and logical abstract increasing 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

9) PERSONALITY (continued)

- ☐ 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 social norms
- ☐ Chronic lying
- ☐ Frequently disregarding the basic rights of others
- ☐ Aggressiveness, irresponsibility
- ☐ Lack of guilt or remorse
- ☐ Low self-worth
- ☐ Lack of 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

GENERAL COMMENTS

Is there anything else we need to be aware of?

EXERCISE MEDICAL CLEARANCE

Primary Diagnosis:

Secondary Conditions:

Heart Disease (cardiovascular, cholesterol, DVT): ☐ Y ☐ N Details:

Respiratory Conditions: ☐ Y ☐ N Details:

Is there any current management plan? ☐ Y ☐ N

Auo-immune disease: ☐ Y ☐ N Details:

Neurological conditions: ☐ Y ☐ N Details:

Cancer: ☐ Y ☐ N Details:

Currently undergoing treatment? ☐ Y ☐ N

Diabetes/Metabolic conditions: ☐ Y ☐ N Details:

Is there a current management plan? ☐ Y ☐ N Please include your most recent BGL reading:

High or low blood pressure: ☐ Y ☐ N Details:

Please include your most recent BP reading:

Kidney disease: ☐ Y ☐ N Details:

Pregnancy: (please list any medical considerations) ☐ Y ☐ N Details:

Major surgeries/injuries: ☐ Y ☐ N Details:

Musculoskeletal considerations ☐ Y ☐ N Details:

☐ Arthritis ☐ Osteoporosis

Mental Health: ☐ Y ☐ N Details:

☐ Depression ☐ Anxiety ☐ PTSD ☐ Eating disorders

Epilepsy: ☐ Y ☐ N Details:

Controlled? ☐ Y ☐ N Is there a current management plan? ☐ Y ☐ N

Other: (history of fainting, dizziness) ☐ Y ☐ N Details:

Please attach medication list, epilepsy plan, asthma plan or diabetes plan

Consent to:

Engaging in strength and aerobic fitness exercise ☐ Y ☐ N

Engaging in moderate to high intensity exercise ☐ Y ☐ N

Engaging in weight bearing exercises (full or partial, please circle) ☐ Y ☐ N

Declaration: I __________________________ hereby declare that I am fit to participate in a gym environment (as described above), considering the precautions outlined in this document.

Signature: ______________________________________ Date: _____________________

GP Contact Details: ____

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.***

The cost of a Allied Health Professional consultation (50 minutes) ranges from $150 - $250 per hour, which is payable at the end of the session.

The cost of a Allied Health Professional report (1-4 hours - comprehensive report) ranges from $175 - $850, which is payable on the day of the assessment.

NDIS rate of service is identified by the hourly 2023 NDIS price guide.

If for some reason you need to cancel or postpone your appointment, please notify Educational Case Management. Please be aware that the following charges will apply:

Medicare and Full-Fee Appointment - A cancellation fee of $80 is applied to any cancellation where you have not given 48 hours notice.

NDIS Appointments - 100% of the agreed fee associated with the activity from the participant's plan if the participant has given less that (2) clear business days' notice for a support.

I consent to receiving newsletters and updates from ECM ☐ Y ☐ N

CREDIT CARD INFORMATION

Name on card: ______ CVC: ______

Card Number: ______ Date of Expiry: ______

PLEASE NOTE THESE DETAILS WILL ASSIST WITH MEDICARE REBATES, PAYMENTS AND CANCELLATION FEES.

DECLARATION

Signature: ______ Signature: ______

Date: ______ 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.

Please Note: ECM are **mandatory reporters** and obligated to report **ALL suspicions or allegations** of abuse

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

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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?