EDUCATIONAL CASE MANAGEMENT

CLINICAL ALLIED HEALTH SERVICES

info@ecmonhudson.com 02 4969 8060 www.ecmonhudson.com

REFERRAL FORM ADULT NEW (PSYCHOLOGY)

Title: Dr Mr Mrs Ms Master Miss Other:

Last Name: First Name: Middle Name:

Preferred Name: Date of Birth:

Sex: Male/Female/Intersex/Other: Male Female Intersex Other Pronouns:

Do you identify as Aboriginal: Yes No and/or Torres Strait Islander: Yes No

Home Address:

Suburb: State: Postcode:

Mobile No: Work No: Email:

Text: Yes No Email: Yes No Can we leave a voicemail? Yes No

Siblings Name(s) and Ages

Have you ever attended an Educational Case Management clinic? Yes No

EDUCATION / EMPLOYMENT

Do you attend school? Yes No Name of School: Year:

Are you currently undertaking Tertiary Education? Yes No

Are you currently employed? Yes No Place of Work: Occupation:

GENERAL PRACTITIONER

GP Name:

Practice Address:

Phone: Email:

Do you have a Care Plan from your GP or Specialist: Yes No Who has referred you to ECM: GP Specialist

Organisation: Yes No Name of Organisation:

NDIS Provider: Yes No Name of Provider:

INSURANCE INFORMATION

Medicare Card Number: Number on Card: Expiry:

Pension/Health Card Number: Yes No Card Number: Expiry:

Private Health Insurance: Yes No Private Health Provider Name:

Private Health Insurance Card Number Number on Card:

Are you on the National Disability Insurance Scheme Yes No NDIS Number:

NDIS Self-Managed: Yes No NDIA Managed: Yes No PACE Managed: Yes No

Plan Managed: Yes No Please provide Plan Manager's Name:

EMERGENCY CONTACT- LEGAL GUARDIAN/PARENT INFORMATION OR NEXT OF KIN

Full Name: | Relationship to client:

Home No: | Mobile No: | Work No:

Email Address:

Suburb: | State: | Postcode:

Text: ☐ Yes ☐ No Email: ☐ Yes ☐ No Can we leave a voicemail? ☐ Yes ☐ No

FAMILY DETAILS (IF APPLICABLE)

1. Parent/Carer/Guardian Details

Parent Name: | Mobile:

Address:

Family History Mental Health ☐ Yes ☐ No Diagnosis:

Family History Learning Problems ☐ Yes ☐ No Diagnosis:

Are there current Parenting Orders: ☐ Yes ☐ No Please Describe:

2. Parent/Carer/Guardian Details

Parent Name: | Mobile:

Address:

Family History Mental Health ☐ Yes ☐ No Diagnosis:

Family History Learning Problems ☐ Yes ☐ No Diagnosis:

Are there current Parenting Orders: ☐ Yes ☐ No Please Describe:

MEDICAL INFORMATION

Special medical needs, conditions, diagnosis, illnesses, allergies: ☐ Yes ☐ No

Describe:

Medical History:

Are you currently on medication: ☐ Yes ☐ No Current Medication:

Does the client require any extra support when attending the clinic? ☐ Yes ☐ No

☐ Communication ☐ Behaviour ☐ Mental Health ☐ Medical Condition ☐ Physical Access ☐ Completing Forms (Easy Read Version) ☐ Interpreter

ISSUE(S) TO BE ADDRESSED (PLEASE TICK THOSE THAT MAY APPLY)

☐ Depression	☐ Post traumatic stress	☐ Alcohol / substance abuse
☐ Anxiety	☐ Career guidance	☐ Anger
☐ Stress	☐ Time management	☐ Self esteem
☐ Relationship	☐ Concentration and focus	☐ Self harming
☐ Childhood 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

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?

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

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

Continue Question 8 over page >

- [ ] 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

Notes:

BANK DETAILS (AUTOMATIC PAYMENT FOR SERVICES)

Bank Account Name:

Bank Account Number: BSB Code:

Or

Credit Card (Name on card): Expiry Date:

Card Number: CVC:

Fees:

Fees (consultations, telehealth, therapy, groups, reports, and resources) are payable at the time the service is provided. A $80.00 deposit is required when the initial consultation is scheduled by the Administration Team. Fees will vary depending on Allied Health Professionals discipline hourly rates ranging from $185 to $270. Report fees will depend on Allied Health Professionals discipline hourly rates and will be governed by a time frame from 1 hour (Summary Reports) to 12 hours (Psychological, Functional and/or Behavioural Reports). Supports for participants under the National Disability Insurance Scheme (NDIS) will be subjected to NDIS Pricing Arrangements and Price Limits 2024-2025- charged at the hourly rate specified for each discipline. Please visit https://www.ecmonhudson.com for information regarding Allied Health Professional Services and Fees.

Cancellation Policy:

ECM has put in place a cancellation policy to ensure that enough time is provided to offer the appointment time to another client. If less notice is provided, other clients may miss out on obtaining the services they require. Amendments to appointments must be made via phone (02 4969 8060) or via email (info@ecmonhudson.com) and must be made within 2 business days of the appointment scheduled. A Debt Collection service may be used to collect outstanding debts if not paid. A 100% consultation fee will occur if ECM is not notified within 2 business days. This also applies to participants supported by the NDIS and includes cancellations, rescheduling, or failure to attend appointments.

Privacy and Confidentiality

All personal information, assessment results, and documentation collected by ECM Allied Health Professionals is confidential. All documentation is stored securely and locked with Zanda Management password system and Authenticator, and can only be accessed by the ECM clinicians treating the client and/or administration team who are also bound by confidentiality.

Limitations to confidentiality

All personal information gathered by the therapist during the provision of therapeutic services will remain confidential except when:

1. It is subpoenaed by a court; or
2. Suspected or reported risk of harm to self or others (i.e. suicidal or self-harm ideation/plan/intent; homicidal ideation/plan/intent); or
3. Criminal act requiring reporting to the Policing Services; or
4. Current alleged or actual observed abuse, harm or neglect to a client requiring reporting to authorising bodies as per NDIS Practice Standards (this could include, for example, Child Safety/ Protection bodies across States and Territories or the NDIS Quality and Safeguarding Commission); or
5. Your prior approval has been obtained to: a. provide a written report to another professional or agency. e.g. GP, school or a lawyer; or b. discuss the material with another person, e.g. a parent, employer or health provider; or c. disclose the information in another way.

Please note ECM are mandatory reporters and obligated to report ALL suspicions and allegations of abuse. GP's require review letters throughout the year that often include a summary of sessions. For those on the NDIS, it is a requirement to provide (at a minimum) a progress report at each review stage.

Emergency Contacts

Please note we are not an emergency service; our phones and emails are not constantly monitored. In an emergency situation please contact 000 for police/ambulance.

- Police or Ambulance - 000
- Mental Health - 13 14 65 Lifeline - 13 11 14 or www.lifeline.org.au
- Kids Helpline (5-25 years) - 1800 55 1800 or www.kidshelpline.com.au
- Suicide call back service - 1300 659 467 or www.suicidecallbackservice.org.au

Please email info@ecmonhudson.com or call 02 4969 8060 if you have any questions about this form. Please bring all reports and relevant information to your initial consultation.

I (Print Name) ☐ give / ☐ do not give permission for ECM to Forward the ECM Newsletter and updates to the recorded email address.

CONSENT

I (Print Name) confirm that I have read the information and that information provided is accurate to my knowledge. I consent for ECM to provide treatment &/or service, retain information on their secured and confidential data base and share (if necessary) with Medical Practitioner/Specialist for the purpose of reporting on a condition after assessment and/or treatment (if required).

I have signed the Informed Consent form

☐ Yes ☐ No

Client Signature: Date:

If client is under 18 years of age Parent/ Carer/Guardian/Responsible Person:

Name: Signature: Date:

SIDE 1 GOAL ATTAINMENTS & 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

MAIN DIFFICULTIES

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

   ☐ 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?