



ecm

EDUCATIONAL CASE MANAGEMENT CLINICAL ALLIED HEALTH SERVICES

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🖱 www.ecmonhudson.com

REFERRAL FORM

CHILD 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

CHILD'S STRENGTHS e.g. literacy, maths, art, music, sport, debating, social

- 1.
- 2.
- 3.
- 4.
- 5.

CHILD'S WEAKNESSES e.g. literacy, maths, art, music, sport, debating, social

- 1.
- 2.
- 3.
- 4.
- 5.

Organised activities after school - please list if applicable:

MAIN CONCERNS

Parent 1

Parent 2

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	Yes	No
Paediatrician	Yes	No
Psychologist	Yes	No
Psychiatrist	Yes	No
Endocrinologist	Yes	No
School Counsellor	Yes	No
Speech Pathologist	Yes	No
Occupational Therapist	Yes	No
Behavioural Optometrist	Yes	No
Audiologist	Yes	No
Immunologist	Yes	No
Does the child receive remedial assistance at school?	Yes	No

If yes, please describe assistance:

PLEASE ENSURE YOU BRING ALL REPORTS TO YOUR CONSULTATION

1. Behavior

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 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)

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.

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.

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.

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.

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.

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.

- 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

Limitations to confidentiality

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

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: