



Thank you for choosing to work with PsychLab. There are a few things you should know before we begin.

1. Confidentiality and Access to Your Information

As part of providing services to you, staff at PsychLab need to collect and record personal information from you that is relevant to your situation such as your name, contact information, medical history, and other relevant information for administration and service provision. This information will be handled and stored securely in accordance with our Privacy Policy, which is available from the clinic upon request.

The information collected will remain confidential, which means that is not released without your permission. A psychologist or provisional psychologist may refuse access to client records under specific circumstances, usually to protect the client from harm. The PsychLab staff will have access to your information in order to complete administrative tasks. If you have been referred by a GP or specialist, we will provide your information to the referrer. **There are limits to confidentiality pertaining to risk management, mandatory reporting, and legal matters.**

2. Fees, Payment, and Cancellation

We will usually tell you what the fees are when you book the appointment. Our full fee schedule is available on request or at www.psychlab.com.au/clinic-and-supervision.html. If you need to cancel an appointment, please give the clinic at least 24 hours of prior notice. If an appointment is missed or cancelled with less than 24 hours notice, we will charge you the full fee of the appointment to cover the cancellation. If two appointments are missed without prior notice, we will cancel further appointments and you will not be able to book in further sessions without practice manager or supervising psychologist approval.

3. Your Rights

Psychologists and provisional psychologists practice under a strict code of ethics that serves to uphold our conduct in regard to Respect, Propriety, and Integrity. Essentially, this means that you will be treated with respect regardless of your background or beliefs. You will receive clear communication regarding the services, including the framework of practice and estimated time frames of intervention. You can ask your psychologist any questions about the service at any time. The APS Charter will be provided to you upon request.

If you are unhappy with the services provided, please let us know in the first instance. If you are unable to let us know, or the issue is not resolved, you have the right to notify the Office of the Health Ombudsman (www.oho.qld.gov.au).

4. Research and Training

We are often involved in research and training. This helps to continue our professional development and grow the profession. If we would like to use your information for research or training, we will ask you. If you are seeing a provisional psychologist, their work must be overseen by a supervisor to demonstrate their competency. They will use de-identified client cases for supervision and competency assessment. If this occurs, the same confidentiality standards will apply to the supervising psychologist.

I have read and understood the information provided to me including the fees and cancellation policy. I agree to service provision under these terms and conditions.

NAME _____ SIGNATURE _____

DATE _____



Please complete this prior to attending your first appointment. If you don't know the information, or if you do not understand the question, leave the item blank. ☒ N/A = not applicable.

First Name: _____ Surname: _____

Date of Birth: _____ Today's Date: _____

Contact number: _____

Address: _____

Email: _____

Highest level of education: _____

Usual occupation: _____

Referrer (Name, Profession, Contact Details): _____
 N/A

Emergency Contact Details _____

Name: _____ Relationship to you: _____

Contact Information: _____

Will contacting you using the above information impact your safety? YES NO

If YES, how would you like to be contacted: _____

How did you hear about PsychLab? _____

How would you rate your contact with PsychLab so far? *Please indicate one*

- Very poor Poor Average Good Excellent

Would you be interested in being contacted for feedback after you have completed services with PsychLab? YES NO



Presenting Issue: Briefly describe your main concern or reason for making an appointment

When did you (or others) first notice this concern? N/A

How much does the issue impact your functioning now? Mark one number N/A

Not much

- 1 2 3 4 5 6 7 8 9 10

Very Much

How much does the issue distress you now? Mark one number N/A

Not much

- 1 2 3 4 5 6 7 8 9 10

Very Much

Additional Concerns: Indicate any additional concerns and provide detail N/A

- | | | |
|---|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Alcohol/Substance Use | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Concentration difficulties |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Family relationships | <input type="checkbox"/> Friendships |
| <input type="checkbox"/> Specific fears | <input type="checkbox"/> Trauma | <input type="checkbox"/> Work related |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Eating/Feeding | <input type="checkbox"/> Grief and loss |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Adjustment difficulties | <input type="checkbox"/> Conduct (behaviour) |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Burn out | <input type="checkbox"/> Hyper-focus/obsessive |
| <input type="checkbox"/> Indecision | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Sexual difficulties |
| <input type="checkbox"/> Dissociation | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Intimacy in relationships | <input type="checkbox"/> Low self confidence | <input type="checkbox"/> Loss of direction/vigour |
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Communication difficulties | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Procrastination | <input type="checkbox"/> Self-harm | <input type="checkbox"/> Suicidal thoughts/actions |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Near death experience |
| <input type="checkbox"/> Unusual perceptual experiences | <input type="checkbox"/> Repetitive behaviour/rituals | <input type="checkbox"/> Other: |

Major life events:



Have you sought support for these issues before? If YES:

Type of service (e.g. counsellor, psychologist, online course, GP...)	What was helpful?	What was unhelpful?

How many hours a week do you engage in:

Paid employment: _____ Home duties: _____

Education/training: _____ Leisure activities: _____

Volunteer: _____

What are your living arrangements:

<input type="checkbox"/> Alone	<input type="checkbox"/> With partner	<input type="checkbox"/> Friends/housemates
<input type="checkbox"/> Children	<input type="checkbox"/> Pets	<input type="checkbox"/> Intergenerational

What are your key strengths? _____

What are your favourite activities? _____

What gives you purpose in life? _____

What would you like to do more of? _____

Please list any of your health conditions, surgeries, or major illnesses including mental health:

N/A

Issue: _____ Onset: _____ Treatment: _____ C

Issue: _____ Onset: _____ Treatment: _____ C

Issue: _____ Onset: _____ Treatment: _____ C

Indicate " C " for CURRENT TREATMENT

Please list any current medications: _____



Please list any history of prominent family illness or health concerns, including mental health issues:

N/A

Family member: _____ Issue: _____

Family member: _____ Issue: _____

Family member: _____ Issue: _____

OTHER INFORMATION

What are your main goals in accessing services through the PsychLab? *(What do you want to accomplish at the end of the service?)*

Do you have any current or imminent legal issues? *If so, please specify:*

N/A

THIRD PARTY CONSENT FORM

I (Name) _____ (Date of Birth) _____,
give permission for PsychLab to obtain and provide information to the following sources for the
purpose of co-ordinating my care:

- _____
- _____
- _____

Signature: _____ Date: _____

Thank you for your time in completing this form. Please bring this form and other completed paperwork with you to your first session at the PsychLab.

DASS 21

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

- | | | | | | |
|----|--|---|---|---|---|
| 1 | I found it hard to wind down | 0 | 1 | 2 | 3 |
| 2 | I was aware of dryness of my mouth | 0 | 1 | 2 | 3 |
| 3 | I couldn't seem to experience any positive feeling at all | 0 | 1 | 2 | 3 |
| 4 | I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 | 1 | 2 | 3 |
| 5 | I found it difficult to work up the initiative to do things | 0 | 1 | 2 | 3 |
| 6 | I tended to over-react to situations | 0 | 1 | 2 | 3 |
| 7 | I experienced trembling (eg, in the hands) | 0 | 1 | 2 | 3 |
| 8 | I felt that I was using a lot of nervous energy | 0 | 1 | 2 | 3 |
| 9 | I was worried about situations in which I might panic and make a fool of myself | 0 | 1 | 2 | 3 |
| 10 | I felt that I had nothing to look forward to | 0 | 1 | 2 | 3 |
| 11 | I found myself getting agitated | 0 | 1 | 2 | 3 |
| 12 | I found it difficult to relax | 0 | 1 | 2 | 3 |
| 13 | I felt down-hearted and blue | 0 | 1 | 2 | 3 |
| 14 | I was intolerant of anything that kept me from getting on with what I was doing | 0 | 1 | 2 | 3 |
| 15 | I felt I was close to panic | 0 | 1 | 2 | 3 |
| 16 | I was unable to become enthusiastic about anything | 0 | 1 | 2 | 3 |
| 17 | I felt I wasn't worth much as a person | 0 | 1 | 2 | 3 |
| 18 | I felt that I was rather touchy | 0 | 1 | 2 | 3 |
| 19 | I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) | 0 | 1 | 2 | 3 |
| 20 | I felt scared without any good reason | 0 | 1 | 2 | 3 |
| 21 | I felt that life was meaningless | 0 | 1 | 2 | 3 |