



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

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact number: \_\_\_\_\_ Medicare Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Teacher's Contact: \_\_\_\_\_

Emergency Contact - Name: \_\_\_\_\_

Emergency Contact - Contact Information: \_\_\_\_\_

Emergency Contact - Relationship to you: \_\_\_\_\_

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

If YES, how would you like to be contacted: \_\_\_\_\_

\_\_\_\_\_

Would you like to receive email or SMS reminders for future appointments?

Email  SMS  None

How would you rate your contact with PsychLab so far? *Please circle 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 the main issue in your own words.*

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

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How much does the issue impact the way you live day to day? *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? *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 or impact your family/friends? *Mark one number*  N/A

*Not much*

1    2    3    4    5    6    7    8    9    10

*Very Much*

How motivated are you to work together on this issue? *Mark one number*  N/A

*Not much*

1    2    3    4    5    6    7    8    9    10

*Very Much*

What makes the issue worse?

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What makes the issue better?

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**Additional Concerns:** *Are there any other issues that you would like to discuss? Briefly describe them in your own words.*  N/A

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Have you sought support for these issues before? If so, what was helpful, and what was unhelpful?

N/A

HELPFUL

NOT HELPFUL/ANNOYING

<hr/>	<hr/>
<hr/>	<hr/>
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List the most important people in your life and their influence on you:

Name:	Relationship:	Influence:			
<hr/>					
Name:	Relationship:	Influence:			
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Name:	Relationship:	Influence:			
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Name:	Relationship:	Influence:			
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Name:	Relationship:	Influence:			
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What is your favourite academic subject and why?

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Who is your favourite teacher and why?

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What do you want to do when you finish school and why?

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What are your hobbies/interests?

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What are your strengths?

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What makes life worthwhile for you? What do you think life is about?

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When you need help or you need someone to talk to, who do you go to first, and why?

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**OTHER INFORMATION**

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

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Is there any other information you would like PsychLab to know for the purpose of service provision? *If so, note them here:*

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**Thank you for your time in completing this form. Please bring this form and other completed paperwork with you to your first session at PsychLab. If all paperwork is completed, the first session will likely involve 10 minutes of clarification and information gathering, 15 minutes of rapport building and getting to know you, 10 minutes of treatment planning and 15 minutes for questions, psychoeducation, and skills training.**

## RCADS

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

- |   |       |           |       |        |
|---|-------|-----------|-------|--------|
| 1. I worry about things . . . . .   | Never | Sometimes | Often | Always |
| 2. I feel sad or empty . . . . .  | Never | Sometimes | Often | Always |
| 3. When I have a problem, I get a funny feeling in my stomach . . . . .   | Never | Sometimes | Often | Always |
| 4. I worry when I think I have done poorly at something . . . . .   | Never | Sometimes | Often | Always |
| 5. I would feel afraid of being on my own at home   | Never | Sometimes | Often | Always |
| 6. Nothing is much fun anymore . . . . .  | Never | Sometimes | Often | Always |
| 7. I feel scared when I have to take a test . . . . .   | Never | Sometimes | Often | Always |
| 8. I feel worried when I think someone is angry with me . . . . .   | Never | Sometimes | Often | Always |
| 9. I worry about being away from my parents . . . . .   | Never | Sometimes | Often | Always |
| 10. I get bothered by bad or silly thoughts or pictures in my mind . . . . .  | Never | Sometimes | Often | Always |
| 11. I have trouble sleeping . . . . .   | Never | Sometimes | Often | Always |
| 12. I worry that I will do badly at my school work . . . . .  | Never | Sometimes | Often | Always |
| 13. I worry that something awful will happen to someone in my family . . . . .                                      | Never | Sometimes | Often | Always |
| 14. I suddenly feel as if I can't breathe when there is no reason for this . . . . .                                | Never | Sometimes | Often | Always |
| 15. I have problems with my appetite . . . . .  | Never | Sometimes | Often | Always |
| 16. I have to keep checking that I have done things right (like the switch is off, or the door is locked) . . . . . | Never | Sometimes | Often | Always |
| 17. I feel scared if I have to sleep on my own. . . . .   | Never | Sometimes | Often | Always |
| 18. I have trouble going to school in the mornings because I feel nervous or afraid . . . . .                       | Never | Sometimes | Often | Always |
| 19. I have no energy for things . . . . .   | Never | Sometimes | Often | Always |
| 20. I worry I might look foolish . . . . .  | Never | Sometimes | Often | Always |
| 21. I am tired a lot . . . . .  | Never | Sometimes | Often | Always |
| 22. I worry that bad things will happen to me . . . . .   | Never | Sometimes | Often | Always |

23. I can't seem to get bad or silly thoughts out of my head. . . . .	Never	Sometimes	Often	Always
24. When I have a problem, my heart beats really fast . . . . .	Never	Sometimes	Often	Always
25. I cannot think clearly . . . . .	Never	Sometimes	Often	Always
26. I suddenly start to tremble or shake when there is no reason for this . . . . .	Never	Sometimes	Often	Always
27. I worry that something bad will happen to me . . . . .	Never	Sometimes	Often	Always
28. When I have a problem, I feel shaky . . . . .	Never	Sometimes	Often	Always
29. I feel worthless . . . . .	Never	Sometimes	Often	Always
30. I worry about making mistakes . . . . .	Never	Sometimes	Often	Always
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening. . . . .	Never	Sometimes	Often	Always
32. I worry what other people think of me . . . . .	Never	Sometimes	Often	Always
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) . . . . .	Never	Sometimes	Often	Always
34. All of a sudden I feel really scared for no reason at all . . . . .	Never	Sometimes	Often	Always
35. I worry about what is going to happen . . . . .	Never	Sometimes	Often	Always
36. I suddenly become dizzy or faint when there is no reason for this . . . . .	Never	Sometimes	Often	Always
37. I think about death . . . . .	Never	Sometimes	Often	Always
38. I feel afraid if I have to talk in front of my class . . . . .	Never	Sometimes	Often	Always
39. My heart suddenly starts to beat too quickly for no reason . . . . .	Never	Sometimes	Often	Always
40. I feel like I don't want to move . . . . .	Never	Sometimes	Often	Always
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of . . . . .	Never	Sometimes	Often	Always
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) . . . . .	Never	Sometimes	Often	Always
43. I feel afraid that I will make a fool of myself in front of people . . . . .	Never	Sometimes	Often	Always
44. I have to do some things in just the right way to stop bad things from happening . . . . .	Never	Sometimes	Often	Always
45. I worry when I go to bed at night . . . . .	Never	Sometimes	Often	Always
46. I would feel scared if I had to stay away from home overnight . . . . .	Never	Sometimes	Often	Always
47. I feel restless . . . . .	Never	Sometimes	Often	Always