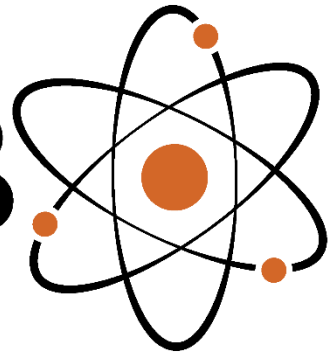


THANK YOU FOR CHOOSING PSYCHLAB



Please fill out the paperwork

We want to partner with you to do an ethical, thorough, and professional job. To do this, we need some information from you. Set aside about 30 minutes to complete all the paperwork. This will help you and your treating professional clarify what is going on.

Please arrive 10 minutes early for your first appointment

We are located at The Avenue, 58 – 60 Torquay Road.



Suite 6



Suite 13-15



Suite 6 is the main reception. Report here for your first appointment.

Suite 13 – 15 is a second set of clinic rooms. If directed, please press the buzzer by the door to be let in.

Parking. You can park in the spaces designated for Suites 6, 13, and 15, or any undesignated car parks. If there are no parks at The Avenue, there is free parking along Torquay Road.

Checklist of things to bring to your first session:

- Completed consent form
- Completed intake questionnaire
- Completed third party consent form
- Completed telehealth consent form
- Payment method
- Medicare and health care cards
- Referral letter from your specialist or doctor (if you have one)
- Relevant health records including previous assessments and school/work reports (if there are any)

Do not sign anything that you do not understand. Bring what you have done and ask for help to complete the forms if you need.

SEE YOU SOON.

Thank you for choosing PsychLab. Before we provide services to you, here are the things you need to know and consent to.

Our Services

We provide psychological services and training. Our most delivered health services are; psychotherapy and counselling for the treatment of mental illness; diagnostic services for mental illness; psychological treatment for recovery from injury; and psychology services that support the functional capacity and independence of people with health conditions. We provide supervision for psychologists and mental health professionals. We deliver training and education to groups.

As with any services, there are benefits, risks, and alternatives. The main benefit to psychological services is gaining insight and skills into thoughts, emotions, and behaviours. This can create improved emotional wellbeing, better stress management, enhanced relationships, greater self-awareness, and coping strategies for challenges. Therapy can lead to meaningful personal growth.

While our services are evidence based, and generally safe and effective, there are some potential risks. Risks may include temporary emotional discomfort, longer treatment time than expected, treatment failure, dependency on the clinician, and changes in relationships or life direction that can be challenging. Sometimes, clients may feel misunderstood or dissatisfied with the process.

Alternatives to our services include evidence-based self-help strategies, support groups, medication prescribed by a GP or psychiatrist, lifestyle changes, or complementary therapies. You are encouraged to discuss these options with your healthcare provider to determine the most suitable approach for your needs.

Your Rights and Responsibilities

All staff and contractors at PsychLab practice under the [Australian Health Practitioner Regulation Agency's Code of Conduct for Psychologists](#). Essentially, this means that you can expect to be provided safe, effective, and collaborative psychological services. You should be respected equally regardless of your background and beliefs. If you are unhappy with the services provided, please let us know straight away. You can talk to any human working here, or email feedback@psychlab.com.au. If you are unable to let us know, or the issue is not resolved, you can notify the Office of the Health Ombudsman (www.oho.qld.gov.au).

Your participation is voluntary. If you do choose to access our services, you are responsible for attending scheduled appointments, engaging in therapy, communicating respectfully, and informing the treating professional about circumstances or changes that affect your wellbeing and treatment. You are responsible for payment of the fees associated with the services we provide you.

Your Information

We collect, record, create, and communicate your personal information only when it is reasonably necessary to provide services to you. For example, we collect information such as your name, contact information, medical history, referrer details, and healthcare cards. We create case notes and reports. We may communicate this information to referrers, such as your General Practitioner (GP), and stakeholders such as your case manager for insurance schemes. We use de-identified information, such as outcome measures, to help us with quality improvement.

Your information is handled and stored in accordance with our Privacy Policy. You can request a copy at any time. Many of our experienced psychologists and clinicians are contractors. Contractors are responsible for maintaining their files. Some of our service delivery includes use of

third-party products and services. We check that the providers of these products state that their policies align with Australian health and privacy standards, or standards that are comparable to this. Third-party products include our email and communication platforms, clinic management software, assessment administration and scoring, notes transcription, and accounting software.

We keep your information securely and in confidence. We only release your information when it required by law or safety, for example, to facilitate emergency service provision.

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. We charge cancellation fees for late cancellations (≤ 24 hours) if we cannot refill the spot. If 2 appointments are missed without prior notice, we will cancel future appointments. Rebooking will require practice manager or supervising psychologist approval.

Research and Training

We conduct research and training for mental health. **If you are seeing a provisional psychologist or allied health assistant, their work must be overseen by a psychologist supervisor. They must use de-identified client cases for supervision and competency assessment.** Their supervisor must sit in on selected sessions or observe recordings of the sessions. Supervisors adhere to the same Code of Conduct, including confidentiality standards. Otherwise, for non-provisional psychologists, if you would like to allow us to use your information for supervision, training, or research purposes, then you can additionally consent to this below.

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.

Additionally, I agree to the following:

All notes transcription for case notes, for example, NovoNote .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>De-identified</i> information to be used for the purpose of:		
Supervision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Research	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>Audio-visual recording</i> and/or transcription of my sessions to be used for the purpose of:		
Supervision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Research	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I can revoke my consent at any time by letting staff know in writing. I can update my consent at any time by requesting and signing a new consent form.

NAME _____ SIGNATURE _____

DATE _____

Telehealth Consent Form

Where appropriate, telephone or videoconferencing can be used to provide psychological services. You are responsible for the costs of the technology you use to connect to phone and internet services. To access telehealth consultations, you will need access to a quiet, private space, and an appropriate device. This may include a smartphone, laptop, iPad, or computer; with a camera, microphone and speakers; and a reliable broadband internet connection.

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information this practice uses Cliniko, which is compliant with the Australian standards for online security and encryption.

If videoconference is unsuitable, or connection becomes unstable, your psychologist will contact you via telephone and make 1 attempt to re-engage. If contact is unable to be re-established, please call PsychLab on 0413 676 689 and your communication will be returned during business hours as soon as possible.

Initial appointment

Paperwork must be completed two business days prior to your initial appointment. If your intake form is not completed within a reasonable time prior to your appointment, then we may not be able to provide the consultation.

Limitations of telehealth

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the psychology session. In addition, there may be some services for which telehealth is not appropriate or effective. Your psychologist will consider and discuss with you the appropriateness of ongoing telehealth sessions.

Crisis Services

Your telehealth psychologist is not available outside of booked appointments. If you need to speak with someone outside of hours, Beyond Blue run a 24hr phone line with qualified counsellors (1300 22 4636). For alternatives, you can find services through Medicare Mental Health 1800 595 212 (8:30AM – 5:00PM). If your life is in imminent risk, please call 000

Consent to receive psychological services by telehealth

I have been provided with information about the service including the limitations to privacy and confidentiality. I agreed that in circumstances where the psychologist is concerned about my welfare and is unable to contact me, I give permission to contact nominated emergency contacts from PsychLab or referrer sources.

I have read and understood the information on this Telehealth Consent Form and have discussed any outstanding questions with the practice/psychologist. I agree to the above conditions for telehealth psychological services to be provided by PsychLab.

NAME _____ SIGNATURE _____

DATE _____

Please complete this prior to attending your first appointment. Please bring this form and other completed paperwork with you to your first session at the PsychLab.

If you don't know the information, or if you do not understand the question, leave the item blank.

N/A = not applicable.

Your information

First Name: _____ Surname: _____

Date of Birth: _____ Today's Date: _____

Self-identification*: _____

Contact number: _____

Address: _____

Email: _____

Medicare card number: _____

Referrer (Name, Profession, Contact Details): _____

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

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

**if you would like to be identified as belonging to any cultural or diversity group, please indicate this.*

Emergency contact information

Name: _____ Relationship to you: _____

Contact Information: _____

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

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

Have you sought support before? If YES:

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

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: |
-
-

Contextual information

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

N/A

Issue:	Onset:	Treatment:	<input type="checkbox"/> C
Issue:	Onset:	Treatment:	<input type="checkbox"/> C
Issue:	Onset:	Treatment:	<input type="checkbox"/> 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:

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

N/A

How many hours a week do you engage in:

Paid employment:

Home duties:

Education/training:

Leisure activities:

Volunteer:

What are your living arrangements:

Alone

With partner

Friends/housemates

Children

Pets

Intergenerational

What is your highest level of education?

What is your usual occupation?

What are your key strengths?

What are your favourite activities?

What gives you purpose in life?

What would you like to do more of?

Major life events:

Service improvement

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

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

Thank you for your time in completing this intake form

Third Party Consent

I give my permission for PsychLab to obtain and provide information to the following sources for the purpose of providing psychological services to me:

Name	Position/ Organisation/ Relationship	Contact Details	Additional Information specific to consent

I can revoke my consent at any time by letting staff know in writing. I can update my consent at any time by requesting and signing a new consent form.

NAME _____ SIGNATURE _____

DATE _____