

## ADULT REFERRAL FORM - CLIENT DETAILS

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	Date of Birth:	<input type="text"/>
Surname:	<input type="text"/>			Christian Name:	<input type="text"/>	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		Mobile:	<input type="text"/>
Email:	<input type="text"/>				Phone:	<input type="text"/>
Address:	<input type="text"/>				Postcode:	<input type="text"/>
Occupation:	<input type="text"/>				Work Phone:	<input type="text"/>

Employment Status:  Employed  Self Employed  Unemployed  Retired  Student

Relationship Status:  Single  Married  Divorced  Widowed  Separated  In a relationship

## MEDICAL INFORMATION

Family Doctor:	<input type="text"/>	Doctor Phone:	<input type="text"/>	
Medical Condition/Previous Diagnosis - <i>describe if applicable:</i>	<input type="text"/>		Medication(s) - <i>list if applicable:</i>	<input type="text"/>

Referrer's name and agency (*if not the Family Doctor*):

Medicare No:  Number on card:

National Disability Insurance Scheme No.:  Date Commenced:

Do you have a Mental Health Care Plan:  Y  N Do you have an Enhanced Care Plan:  Y  N

## EMERGENCY CONTACT

Full Name:	<input type="text"/>	Phone:	<input type="text"/>
Relationship:	<input type="text"/>	Mobile:	<input type="text"/>

## ISSUE(S) TO BE ADDRESSED (*Please tick those that may apply*)

- |                                               |                                                      |                                                         |
|-----------------------------------------------|------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Post traumatic stress       | <input type="checkbox"/> Alcohol / substance abuse      |
| <input type="checkbox"/> Anxiety              | <input type="checkbox"/> Career guidance             | <input type="checkbox"/> Anger                          |
| <input type="checkbox"/> Stress               | <input type="checkbox"/> Time management             | <input type="checkbox"/> Self esteem                    |
| <input type="checkbox"/> Relationship         | <input type="checkbox"/> Concentration and focus     | <input type="checkbox"/> Self harming                   |
| <input type="checkbox"/> Childhood issues     | <input type="checkbox"/> Pre / post-natal depression | <input type="checkbox"/> Phobias                        |
| <input type="checkbox"/> Suicidal thoughts    | <input type="checkbox"/> Bereavement                 | <input type="checkbox"/> HSC support                    |
| <input type="checkbox"/> Abuse                | <input type="checkbox"/> Family difficulties         | <input type="checkbox"/> Learning difficulties          |
| <input type="checkbox"/> Gender / Sexuality   | <input type="checkbox"/> Domestic violence           | <input type="checkbox"/> Adult Autism Spectrum Disorder |
| <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Eating disorder             | <input type="checkbox"/> 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

[Continue to Question 7 over page >](#)

## DIAGNOSTIC SCREENER *(Please tick those that may apply)*

### 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
- 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

### CONFIDENTIALITY

This gathering of information is a necessary part of the assessment, diagnosis, and treatment procedure, and is seen only by the Clinician. All personal information gathered by the clinician during the provision of the service will remain confidential and secure within the practice except where:

1. A written report is compiled and consent is given to forward the report to another professional, workplace or agency
2. Failure to disclose the information would place you or another person at 'risk of harm'
3. Your prior approval has been obtained
4. Discussion of the material is required with another person

### FEES

Fees and report costs are payable at the end of the session.

\$165.00 CONSULTATION

\$120.00 CONCESSION

\$550.00 COMPREHENSIVE  
PSYCHOLOGICAL REPORTS

*Health Fund and Medicare rebates apply.*

### DECLARATION

Signature:

Date:

### VERY IMPORTANT INFORMATION:

Please **PRINT or EMAIL** your completed document to: [info@psychologist.com.au](mailto:info@psychologist.com.au)

Please ensure you **bring all reports** to your initial consultation.

Unfortunately, we need to charge a **cancellation fee** if you do not attend an appointment, or if you need to cancel with less than 24 hours notice. We have a wait list, hence your appointment could be allocated to someone else if we have enough notice.



Member  
Australian  
Psychological  
Society MAPS

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