Cairnmillar INSTITUTE

Treatment | Education | Research

CLIENT INTAKE FORM

Title (Mr/Ms/Dr) _____

First name _____

Last name _____

Preferred name _____

Date of birth _____ (dd/mm/yyyy)

Gender ☐ Male
☐ Female
☐ Other

Address _____

Suburb _____

State _____ **Postcode** _____

Contact no. _____

Email _____

Emergency contact _____

Relationship _____

Contact no. _____

Would you like to receive confirmation of appointments by SMS message? ☐ Yes ☐ No

Are you a Parent / Guardian accompanying a child?

☐ Yes ☐ No

Relationship to child: _____

Parent / Guardian name and address if different from the above

_____

_____

Contact no. _____

Name and address of your GP or referring doctor

Doctor's Name: _____

Address: _____

_____

Medicare No. _____

Number beside name _____ Expiry _____

Concession card No. _____

Concession type _____ Expiry _____

Veteran Affairs No. _____

Are you of Aboriginal or Torres Strait Islander origin?

☐ No
☐ Aboriginal
☐ Both
☐ Torres Strait Islander

Country of birth _____

What is the main language you speak at home?

☐ English
☐ Arabic
☐ Cantonese
☐ Greek
☐ Italian
☐ Mandarin
☐ Vietnamese
☐ Other, please indicate

_____

Do you have any of the following conditions or disabilities?

☐ Intellectual learning ☐ Psychiatric

☐ Sensory/speech ☐ Physical/diverse

☐ Other, please indicate _____

Please indicate how you found out about Cairnmillar:

☐ GP or referring doctor ☐ Advertisement

☐ Cairnmillar website ☐ Word of mouth

☐ Other please indicate _____

What are the reasons that brought to you to this service?

☐ Stress/ anxiety/ depression
☐ Loss/Grief
☐ Relationship issues
☐ Family/ parenting/ children
☐ Legal issues
☐ Learning difficulties
☐ Work / study issues
☐ Vocational / Career assessment
☐ Financial concerns
☐ Addiction

Please complete this section if you are covered by a TAC or Work Cover Claim

Claim No: _____ Date of Injury: _____

Name and Address of Insurance Agent _____

_____

Please complete this section if you are part of an Employee Assistance Program

Name and Address of Employer _____

Contact Person _____ Contact No. _____

_____

Please complete this section if you are presenting for separation issues (including post-separation parenting concerns).

1. Do you have a Parenting Agreement?

   ☐ Full agreement ☐ Partial agreement ☐ No agreement

2. Date of agreement: _____

3. Did a legal practitioner assist with formalising the agreement? ☐ Yes ☐ No

If a Family Dispute Resolution Certificate of Attendance (Section 60(I) certificate) was issued, what type of certificate was it?

_____

4. Date of issue for any Section 60(I) certificate: _____

Information for Clients

Confidentiality

The information that we collect from you on the attached Client Record Form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act 1988. The Health Records Act (2001) requires the Institute to have your consent to collect information about you. Information provided by you or obtained from other parties (e.g. doctor, referral agent) is regarded as confidential and cannot be released unless you have signed a consent form. Please read the following carefully and sign where indicated below. Information provided by you or obtained from other parties (e.g. doctor, referral agent) is regarded as confidential and cannot be released unless you have signed a waiver. The only exceptions to these provisions arise in the following circumstances:

- You are at risk of seriously harming yourself or others;
- There is evidence of child abuse or neglect;
- Your file is subpoenaed by a court of law.
- Your file notes are audited internally, by a senior Cairnmillar clinician, for quality assurance purposes.

Why we Collect Information.

The Institute collects information for the purpose of providing quality health care. We require your personal details and a full medical history, so that we can properly assess, diagnose and treat your circumstances. We will use the information you provide in the following ways: administrative purposes in relation to operating our practice; billing purposes, including compliance with Medicare requirements; quality assurance and research using anonymous data only. A copy of our Privacy Policy is published at www.cairmillar.org.au

The only exceptions to these provisions arise in the following circumstances:

- You are at risk of seriously harming yourself or others;
- There is evidence of child abuse or neglect; or
- Your file is subpoenaed by a court of law.

Access to Health Records

At any stage, you may request to see the information kept in your file. You may discuss the contents and/or obtain a copy.

Fees

Accounts other than TAC, WorkCover or EAP, are to be settled in full at the time of consultation. Fees can be settled by cash, credit card or EFT on the day of the consultation, unless otherwise arranged.

Cancellations

The full fee is normally charged for scheduled sessions missed or cancelled with less than 24 hours' notice. If a session is cancelled with less than 24 hours' notice, the difference between the agreed sessional fee and any third party (e.g. Medicare), payment is usually invoiced. This practice is in accordance with the recommendations of the Australian Psychological Society.

Cairnmillar Community Counselling Service

The Cairnmillar Community Counselling Service is staffed by provisional psychologists who are completing higher degrees in psychology and who are mandated to undertake supervised clinical practice. The provisional psychologists attend weekly clinical supervision with senior consultants of the Institute. To ensure that the highest professional standards are maintained, clinical supervisors are responsible for monitoring all aspects of their work, Supervision involves:

- **Discussion of case material:** In accordance with the Australian Psychological Society Code of Ethics, information will be communicated for professional purposes only. Identifying information about you will not be included.
- **Monitoring of case notes:** Case notes are checked periodically in order to ensure that these are being maintained according to the highest professional standards.
- **Observation of recorded client sessions:** Supervisors are required to regularly observe clinical sessions. At times, requests may be made for consultations to be recorded. You would always be asked to give verbal permission for this to occur and you may refuse if you wish.

Department of Social Service Data Exchange

Under the Institute's funding agreement to provide counselling services to the Commonwealth, Department of Social Services [DSS], and The Attorney General's Department, the Institute is obliged to provide information and statistical details about our services through an electronic data collection system called DSS Data Exchange. The Department de-identifies and aggregates data in the DSS Data Exchange to produce information for policy development, grants programme administration, and research and evaluation purposes. This includes producing reports for sharing with service providers. This information will not include information that identifies you, or information that can be used to re-identify you, in any way.

You can find more information about the way the Department will manage your personal information in the Department's APP privacy policy, which the Department has published on its website. This policy contains information about how you may access the personal information about you that is stored on the DSS Data Exchange and seek correction of that information. This policy also includes information about how you may complain about a breach of the Australian Privacy Principles by the Department, and how the Department will deal with your complaint. Please refer to the attached Client Intake Form before indicating your consent below. Please note that your consent is completely voluntary and you may withdraw your consent at any time.

Do you consent to your information on the attached Client Intake Form being collected by this service provider and it being stored on the DSS Data Exchange?

☐ **Yes** **(Tick One Only)** ☐ **No**

Service Evaluation

The Institute is dedicated to providing a high quality service to all clients. To that end, we periodically evaluate our service by seeking client feedback after the completion of counselling. We would welcome your feedback and value the contribution it can make to our service.

Do you consent to being contacted by the Institute in the future for broader service evaluation. If contacted, you may decline to participate at that time.

☐ **Yes** **(Tick One Only)** ☐ **No**

Participation in Research Projects

The Cairnmillar Institute is an accredited Higher Education Provider by the Tertiary Education Quality Standards Agency as having university equivalence. The students studying higher degrees in psychology and counselling and psychotherapy at doctoral, masters and diploma level, undertake valuable research into a wide range of wellbeing and mental health issues. Conducted under the auspices of our Human Research Ethics Committee [HREC] we would welcome your participation.

Do you consent to being contacted by the Institute in the future for participation in research interviews and/or surveys? If contacted, you may decline to participate at that time.

☐ **Yes** **(Tick One Only)** ☐ **No**

My signature below indicates that I have read and understood this document and agree to its contents.

Name _____ Signature _____

Date _____