

CHILD INTAKE FORM FOR PSYCHOLOGICAL SERVICES

Thank you for taking the time to complete and sign this document.

Your Child's Details

First Name: _____ Surname: _____ Date of birth: _____

Family Details

Caregiver 1 Name: _____ Relationship to child: _____

E-mail _____ Mobile: _____ Occupation: _____

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E-mail _____ Mobile: _____ Occupation: _____

Siblings: Name: _____ Age: _____ Sex: _____ Resides with _____

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Reason/s for seeking psychological support for your child at this time

Briefly describe child's behaviours, symptoms, and difficulties, and when these first became noticeable

Family Members' Psychological/Psychiatric History – whether diagnosed or not

Please tick if applicable

	Child	Mother's side	Father's side	Siblings
Intellectual Impairment				
Learning Disorder				
Autism Spectrum Disorder				
Anxiety				
Depression				
Bipolar				
Psychosis				
Schizophrenia				
Addiction				
Attempted/Completed Suicide				
Other				

Child's Developmental History

	Please Circle	If Yes, please describe
Unplanned conception?	Yes/No	
Pregnancy complications?	Yes/No	
Birth complications?	Yes/No	
Loss of consciousness at any age?	Yes/No	
Exposure to domestic violence/abuse?	Yes/No	
Feeding difficulties in first year?	Yes/No	
Settling/sleep difficulties in first year?	Yes/No	
Concerns about early motor development (sitting, walking, running)?	Yes/No	
Concerns about early language (talking and understanding)?	Yes/No	
Concerns about vision or hearing?	Yes/No	
Medical condition/s that may be impacting on child's wellbeing?	Yes/No	

Child's Education History

	Name of Facility	Year/s of enrolment	Any concerns about (please tick if applicable)				
			Ability to separate from caregiver/s	Learning	Social development	Bullying	Ability to communicate with peers and adults
Child Care							
Kindergarten							
Preschool							
Primary School/s							
High School/s							

Name/s of current teacher/s: _____

Who have you previously consulted for your child's difficulties?

	Professional's Name	Contact Details (email or phone number or practice address)	Permission for Dr Jayne Orr to correspond with Practitioner? (Please Circle)
GP			Yes/No
Medical Specialist			Yes/No
Psychologist			Yes/No
Psychiatrist			Yes/No
Occupational Therapist			Yes/No
Speech Therapist			Yes/No
Other			Yes/No

Please remember to bring a copy of all written reports produced by these professionals.

Important

Is there sensitive information you would prefer not to talk about in front of your child? Yes No

If yes, Dr Orr can discuss these issues with you while your child waits outside. You may wish to bring a book or something your child likes to do while they wait. If you feel that your child cannot wait or you need more time to discuss your child, please come to your initial appointment alone. Please note that your child must be in attendance to claim a Medicare Rebate under their Mental Health Care Plan.

Payment and Cancellation Policy

Payment is due on the day of the consultation. If you need to cancel or reschedule an appointment, please provide iHealth Centre with at least 24 hours' notice by telephone in standard working hours so that your appointment time can be offered to another patient. Please do not use email to cancel appointments because emails are not checked regularly.

Late Arrival for Appointments Policy

We understand that there are times when children and families arrive late for appointments. Please note that your appointment will still need to finish on time, and that the full appointment fee will be charged.

Confidentiality Policy

Dr Jayne Orr is bound by the Australian Psychological Society's Code of Ethics regarding confidentiality (Section A.5.2), as adopted by the Psychology Board of Australia. This states that client confidentiality must be maintained with the specific exceptions related to duty of care and legal obligation. This means that psychological therapy remains confidential unless permission is granted by the child to discuss information disclosed during therapy sessions.

Confidentiality between a young person and their psychologist is essential in order for treatment to be successful. Dr Orr will always encourage the young person to talk with their caregivers but confidentiality will only be breached when safety is a risk. Parental consent is required for assessments, therapy and other information to be provided to a paediatrician, speech or occupational therapist, teacher or guidance officer. Information pertaining to diagnosis, treatment suggestions and progress made towards treatment goals will be provided to the referring medical practitioner.

All personal information gathered by Dr Orr during the provision of the psychological service will not be disclosed except:

1. when it is subpoenaed by a court; or
2. when failure to disclose the information would, in the reasonable belief of Dr Orr, place your child or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
 - a) provide a written report to another professional or agency. e.g., a lawyer; or
 - b) discuss the material with another person, e.g., a teacher or an Allied Health Professional; or
 - c) disclose the information in another way; or
4. disclosure is otherwise required by law.

Strengths and Difficulties Questionnaire

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour **over the last six months**.

Strengths and Difficulties Questionnaire Item	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
26. Do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with others?	⊗	⊗	⊗	⊗

If you have answered "Yes", please answer the following questions about these difficulties:

	Less than a month	1-5 months	6-12 months	Over a year
27. How long have these difficulties been present?	⊗	⊗	⊗	⊗

	Not at all	A little	A medium amount	A great deal
28. Do the difficulties upset or distress your child?	⊗	⊗	⊗	⊗
Do the difficulties interfere with your child's:				
29. HOME LIFE	⊗	⊗	⊗	⊗
30. FRIENDSHIPS	⊗	⊗	⊗	⊗
31. CLASSROOM LEARNING	⊗	⊗	⊗	⊗
32. LEISURE ACTIVITIES	⊗	⊗	⊗	⊗
33. Do the difficulties burden you or the family?	⊗	⊗	⊗	⊗

Parent/Guardian Consent – Please answer all 3 questions and sign and date form

1. Are the child's caregivers separated? Yes No

If Yes, please describe the shared care arrangements for your child: _____

	Please Circle	
Parenting agreement in place	Yes/No	If Yes, please provide a copy to Dr Jayne Orr
Court Orders in place?	Yes/No	If Yes, please provide a copy to Dr Jayne Orr
AVO relating to child?	Yes/No	If Yes, please provide a copy to Dr Jayne Orr

2. I give permission for information regarding my child _____ to be shared with _____ (Parent/Caregiver) Yes No
3. I give permission for information shared between myself and my child's psychologist to be disclosed to _____ (Parent/Caregiver) upon their request Yes No

I understand that signing in the designated area below confirms that the information I have provided is correct, and I agree to the permissions and policies contained in this document as part of the service provided by Dr Jayne Orr.

Guardian's first and last name: _____

Signature: _____

Date: _____