

Thank you for choosing to access services through the Made It Clinic. Regardless of the duration of time you are with us, we want to do an ethical, thorough and professional job. In psychology, this looks like a million questions and forms.

Set aside about 30 minutes to complete all the paperwork. This will help you and your psychologist clarify what is going on.

Here is a checklist to help you keep track of all you need to bring to your first session. Not all these documents will apply to you.

Initial Appointment

- Consent form (Client, Parent to co-sign)
- Intake questionnaire (Client)
- Intake questionnaire (Parent)
- Rating scales and measures (separate for Parent and Client)
- Payment method

Other document that you might have:

- Referral letter from your specialist or doctor
- Medicare and health care cards
- Relevant health records including previous assessments and school/work reports
- Contact information for stakeholders, support workers, and organizations that the Made it Clinic may need to work with

Ongoing Appointments

- Any home activities assigned in the previous week
- Any scales or measures to be completed before the session
- Payment method

Do not sign anything that you do not understand. Bring the documents to your first session and clarify this with your psychologist.

If you don't complete or bring anything, it's still ok to just show up.



Thank you for choosing to work with the Made It Clinic. Working with you will require you and your parent’s involvement and consent. There are a few things you should know before we begin.

1. Confidentiality and Access to Your Information

As part of providing services to you, we (the staff at the Made It Clinic) need to collect and record personal information from you and your family that is relevant to your situation such as your name, contact information, medical history, and other relevant information for administration and service provision. This information will be handled and stored securely in accordance with our Privacy Policy, which is available from the clinic upon request. **The information collected will remain confidential, which means that is not released without your permission.** A psychologist may refuse access to client records under specific circumstances, usually to protect the client from harm. The Made It Clinic staff will have access to your information in order to complete administrative tasks. If you have been referred by a GP or specialist, we will provide your information to the referrer. **There are limits to confidentiality pertaining to risk management, mandatory reporting, and legal matters.**

2. Fees, Payment, and Cancellation

We will usually tell you what the fees are when you book the appointment. The complete fee schedule is available on request from the clinic or can be located at www.madeitclinic.com/services.html. If you need to cancel an appointment, please give the clinic at least 24 hours of prior notice. If two appointments are missed without prior notice, we will cancel further appointments.

3. Your Rights

Psychologists practice under a strict code of ethics that serves to uphold our conduct in regard to Respect, Propriety, and Integrity. Essentially, this means that you will be treated with respect regardless of your background or beliefs. You will receive clear communication regarding the services, including the framework of practice and estimated time frames of intervention. You can ask your psychologist any questions about the service at any time. The APS Charter will be provided to you upon request.

If you are unhappy with the services provided, please let us know in the first instance. If you are unable to let us know, or the issue is not resolved, you have the right to notify the Office of the Health Ombudsman (www.oho.qld.gov.au).

4. Research and Training

We are often involved in training and research. This helps to continue our professional development and grow the profession. If we would like to use your information for research or training, we will ask you. Sometimes you or your parent will have to fill out additional consent forms.

Please ask staff any questions you have before you sign the consent form. Further information about the clinic, our values, and frequently asked questions can be found at our website, www.madeitclinic.com

I have read and understood the information provided to me and my parent has read and understood the fees. I agree to service provision under these terms and conditions.

NAME _____ SIGNATURE _____
DATE _____ PARENT NAME AND CO-SIGN _____

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: _____

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 the Made it Clinic 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 the Made it Clinic? YES NO

Presenting Issue: *Briefly describe the main issue in your own words.*

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

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?

What makes the issue better?

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

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/>
<hr/>	<hr/>

List the most important people in your life and their influence on you:

Name:	Relationship:	Influence:			
<hr/>	<hr/>	<hr/>			
Name:	Relationship:	Influence:			
<hr/>	<hr/>	<hr/>			
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?

Who is your favourite teacher and why?

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

What are your hobbies/interests?

What are your strengths?

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

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

OTHER INFORMATION

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

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

Thank you for your time in completing this form. Please bring this form and other completed paperwork with you to your first session at the Made it Clinic. 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.

Date: _____

Name/ID: _____

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