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 40 minutes – 1 hour 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
- ☐ Intake questionnaire
- ☐ Rating scales and measures
- ☐ Payment method

## *Other documents 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 your child will require your 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 your child has been referred by a GP or specialist, we will provide your child's 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 you or your child's information for research or training, we will ask you. Sometimes you 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 including the fees. As the parent or carer, I agree to service provision under these terms and conditions on behalf of my child.***

PARENT NAME ______________________ SIGNATURE ______________________

CHILD NAME ______________________ DATE ______________________

**Please complete this prior to attending with your child. If you don't know the information, or if you do not understand the question, leave the item blank. ☒ N/A = not applicable.**

Child's Name: Child's Surname:

Child's Date of Birth: Today's Date:

Your name: Your caregiver role:

Contact number:

Address:

Email:

Referrer (Name, Profession, Contact Details):

☐ N/A

School: Grade:

Teacher's Name: Teacher's Contact:

Emergency Contact - Name:

Emergency Contact - Contact Information:

Emergency Contact - Relationship to child:

Will contacting you using the above information impact your child's 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 did you hear about the Made it Clinic?

☐ Internet ☐ Word of mouth ☐ Doctor/specialist
☐ Advertising ☐ Another organization ☐ Other:

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 your main concern or reason for making an appointment*

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

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How much does the issue impact your child's functioning now? *Circle one number* ☐ N/A

*Not much* … *Very Much*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much does the issue distress your child now? *Circle one number* ☐ N/A

*Not much* … *Very Much*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much does the issue impact your functioning now? *Circle one number* ☐ N/A

*Not much* … *Very Much*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How much does the issue distress you now? *Circle one number* ☐ N/A

*Not much* … *Very Much*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How motivated are you to work together on this issue? *Circle one number* ☐ N/A

*Not Much* … *Very Much*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What makes the issue worse? What situations or actions increase disfunction and distress?

---

What makes the issue better? What situations or actions improve functioning?

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**How do you motivate your child?**

- ☐ Rewards (e.g. stickers, toys, money)
- ☐ Taking items away
- ☐ Taking privileges away
- ☐ Bribing
- ☐ Guilt and shame
- ☐ Encouragement
- ☐ Less chores
- ☐ Exclusion from fun activities
- ☐ Point out natural causes and consequences
- ☐ Tell him/her you are disappointed
- ☐ Talk through thoughts and feelings
- ☐ Other (specify):
- ☐ Praise
- ☐ Grounding
- ☐ Negotiating
- ☐ Shouting/loud noises/growling
- ☐ Posts on social media
- ☐ Hitting
- ☐ Time out (to calm down, not to exclude)
- ☐ Inclusion in decision making
- ☐ Reflection on actions
- ☐ To-do list
- ☐ Hugs/affection

**Additional Concerns:** *Indicate any additional concerns and provide detail* ☐ N/A

- ☐ Excessive crying
- ☐ Social media/internet
- ☐ Parent relationships
- ☐ Lying/Stealing
- ☐ Toileting
- ☐ Pain
- ☐ Stress
- ☐ Stuttering
- ☐ Alcohol/Substance Use
- ☐ Separation anxiety
- ☐ Procrastination
- ☐ Domestic violence
- ☐ Unusual perceptual experiences
- ☐ Shy/nervous
- ☐ Mood swings
- ☐ Sibling relationships
- ☐ Harm to humans/animals
- ☐ Eating/Feeding
- ☐ Adjustment difficulties
- ☐ School refusal
- ☐ Poor schoolwork
- ☐ Low self confidence
- ☐ Communication difficulties
- ☐ Self-harm
- ☐ Chronic illness
- ☐ Repetitive behaviour/rituals
- ☐ Sleeping
- ☐ Concentration difficulties
- ☐ Friendships
- ☐ Destruction of property
- ☐ Grief and loss
- ☐ Conduct (home only)
- ☐ Hyper-focus/obsessive
- ☐ Parent separation
- ☐ Gaming/computers
- ☐ Anger
- ☐ Suicidal thoughts/actions
- ☐ Conduct (classroom only)
- ☐ Concerning sexual behaviour

Additional Details and Other Concerns:

**Have you sought support for these issues before?** *If so, briefly list the services and approaches used to address the issues in the past.* ☐ N/A

**Other Stakeholders and Caregivers:** *Who else is involved in the care of your child? What organizations/adults/adolescents does your child come into frequent contact with?* ☐ N/A

Name: Role: Influence: 😊 😐 ☹

Name: Role: Influence: 😊 😐 ☹

Name: Role: Influence: 😊 😐 ☹

Name: Role: Influence: 😊 😐 ☹

## DEVELOPMENTAL HISTORY

Please note any difficulties/illnesses/disruptions/major events in your child's developmental history:

Conception/fertilization ☐ N/A

Early pregnancy ☐ N/A

Late pregnancy ☐ N/A

Delivery/Birth ☐ N/A

Early infancy ☐ N/A

From 2 – 5 years ☐ N/A

From 6 – 12 years ☐ N/A

From 13 – 16 years ☐ N/A

As an infant, did the child like to be held? ☐ YES ☐ NO

As an infant, what was the child's temperament?

☐ Grumpy/sad ☐ Friendly ☐ Unresponsive/flat ☐ Hard to settle

☐ Easily upset/startled ☐ Fussy/irregular ☐ Calm ☐ Cautious/slow to warm to strangers

Did the child meet developmental milestones on time? *If not, which were late/significantly early?*

☐ Yes

Did the mother smoke cigarettes during pregnancy? *If so, how many per week?*

☐ No

Did the mother consume illegal substances during the pregnancy? *If so, what type and how much per week?*

☐ No

Did the mother use prescription medicine that was not prescribed to her? *If so, what type and how much per week?*

☐ No

Did the mother experience significant illness or conditions, including mental illness during or shortly after pregnancy? *If so, please describe:*

☐ No

Did the mother have any pregnancies that did not come to term previously? *If so, what year(s)?*

☐ No

Is the father involved in parenting? *If so, what tasks?*

☐ N/A

Did the father experience significant illness or conditions, including mental illness during or shortly after pregnancy? *If so, please describe:*

☐ No

Was the father using illicit substances or drinking alcohol excessively during conception or pregnancy? *If so, what is the type and quantity?*

☐ No

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

☐ N/A

| Issue: | Onset: | Treatment: | ☐ C |
|---|---|---|---|
| Issue: | Onset: | Treatment: | ☐ C |
| Issue: | Onset: | Treatment: | ☐ C |
| Issue: | Onset: | Treatment: | ☐ C |
| Issue: | Onset: | Treatment: | ☐ C |

*Indicate " ☒ C " for CURRENT TREATMENT*

Please list any events where the child was separated and distressed for a period of 2 weeks or longer from their primary caregiver *(e.g. parental separation, illnesses in family, unexpected circumstances):*

______________________________________________

☐ N/A

What is the father's usual occupation? ____________________ ☐ C

What is the mother's usual occupation? ____________________ ☐ C

What are other significant caregivers' usual occupation(s) (if applicable)? ____________________ ☐ C

*Indicate " ☒ C " for CURRENTLY EMPLOYED*

Indicate any illnesses or conditions and indicate whether they are from the mother (M) or father's (F) side of the family:

| Condition | M / F | Condition | M / F |
|---|---|---|---|
| ☐ High blood pressure | ☐ M ☐ F | ☐ Depression | ☐ M ☐ F |
| ☐ Diabetes | ☐ M ☐ F | ☐ Anxiety | ☐ M ☐ F |
| ☐ Obesity | ☐ M ☐ F | ☐ Psychosis | ☐ M ☐ F |
| ☐ Stroke | ☐ M ☐ F | ☐ Alcoholism | ☐ M ☐ F |
| ☐ Cancer | ☐ M ☐ F | ☐ Addiction | ☐ M ☐ F |
| ☐ Immunodeficiency | ☐ M ☐ F | ☐ Sensory differences | ☐ M ☐ F |
| ☐ Autism | ☐ M ☐ F | ☐ Attention/Hyperactivity | ☐ M ☐ F |
| ☐ Asthma | ☐ M ☐ F | ☐ Personality disorder | ☐ M ☐ F |
| ☐ Chromosome abnormality | ☐ M ☐ F | ☐ Intellectual impairment | ☐ M ☐ F |
| ☐ Blood disease (specify): ____________ | ☐ M ☐ F | ☐ Intolerances (specify): ____________ | ☐ M ☐ F |

☐ Other (specify): ______________________________ ☐ M ☐ F

☐ Other (specify): ______________________________ ☐ M ☐ F

## CHILD SOCIAL/OCCUPATIONAL HISTORY

Who does the child currently live with? *Who resides at the same address as the child?*

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Please list past and present schools/institutions your child attends:

School: Year:

School: Year:

School: Year:

Has your child repeated any years of education? If so, which:

What is your child's favourite school subject and why?

Who is your child's favourite teacher and why?

What are your child's hobbies/interests?

What are your child's strengths?

Does your child have a stable group of friends. If so, how many?

Influence: 😊 😐 ☹

How many hours a week does your child engage in:

- paid employment? ☐ N/A
- education/training? ☐ N/A
- volunteer and home activities? ☐ N/A
- leisure activities? ☐ N/A

Any additional concerns or comments?

☐ No

## 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:*

___

___

Are there any current or imminent legal issues related to your child? *If so, please specify:*

☐ N/A

___

Do you think the Made it Clinic would require additional information from your child's school to administer services? ☐ YES ☐ NO

Will the Made it Clinic be required to work with/provide recommendations to your child's school to achieve desired outcomes? ☐ YES ☐ NO

**Thank you for your time in completing this form. Please bring this form and other completed paperwork with you to your child's 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 observation of your child, 10 minutes of treatment planning and 15 minutes for questions, psychoeducation, and skills training.**