Made It Clinic
Allied Health Assistance

Welcome to the Made It Clinic Allied Health Assistance program! This is a psychologist-led service that gets you seen sooner through the use of psychology allied health assistants.

The process: All bookings start with an initial intake with a psychologist. The psychologist provides the formulation and treatment plan. Allied health assistants then delivers block therapy or assists with assessment. May has supervision with the AHAs every week/ fortnight, and will have a check in with you after a block of intervention, usually at 3 months.

The paperwork: We want to partner with you to do an ethical, thorough, and professional job. To do this, we need some information from you. Set aside about 30 minutes to complete all the paperwork. This will help you and your treating professional clarify what is going on.

We are located at The Avenue, Suite 6 and 13-15, 58 – 60 Torquay Road. Please arrive 10 minutes early for your first appointment. You can park in the spaces designated for Suites 6, 13, and 15, or any undesignated car parks. There is also free parking along Torquay Road.

Checklist of things to bring to your first session:

- ☐ Completed consent form
- ☐ Completed intake questionnaire
- ☐ Completed third party consent form
- ☐ Completed telehealth consent form
- ☐ Payment method
- ☐ Medicare and health care cards
- ☐ Referral letter from your specialist or doctor (if you have one)
- ☐ Relevant health records including previous assessments and school/work reports (if there are any)

Do not sign anything that you do not understand. Bring what you have done and ask for help to complete the forms if you need.

Thank you for choosing Made It Clinic Allied Health. Before we provide services to your child, here are the things you need to know and consent to.

Our Services

The hub is a psychologist-led service that helps patients access quality services faster through innovation and training. We provide psychological services and training that improve the health and wellbeing of children and adolescents, mainly through the use of allied health assistants under the direction of a psychologist. This can include psychological training, therapy, and assessment. As an organisation that provides services to children, we strive to uphold the National Principles for Child Safe Organisations as recommended by a Royal Commission into child safety.

As with any services, there are benefits, risks, and alternatives. The main benefit to psychological services is gaining insight and skills into thoughts, emotions, and behaviours. This can create improved emotional wellbeing, better stress management, enhanced relationships, greater self-awareness, and coping strategies for challenges. Therapy can lead to meaningful personal growth.

While our services are evidence based, and generally safe and effective, there are some potential risks. Risks may include temporary emotional discomfort, longer treatment time than expected, treatment failure, dependency on the clinician, and changes in relationships or life direction that can be challenging. Sometimes, clients may feel misunderstood or dissatisfied with the process.

Alternatives to our services include evidence-based self-help strategies, support groups, medication prescribed by a GP or psychiatrist, lifestyle changes, or complementary therapies. You are encouraged to discuss these options with your healthcare provider to determine the most suitable approach for your needs.

Your Rights and Responsibilities

All staff and contractors at Made It Clinic Allied Health practice under the Australian Health Practitioner Regulation Agency's Code of Conduct for Psychologists. Essentially, this means that you can expect to be provided safe, effective and collaborative psychological services. You should be respected equally regardless of your background and beliefs. If you are unhappy with the services provided, please let us know straight away. You can talk to any human working here, or email feedback@madeitclinic.com. If you are unable to let us know, or the issue is not resolved, you can notify the Office of the Health Ombudsman (http://www.oho.qld.gov.au).

You and your child's participation is voluntary. If you do choose to access our services, you are responsible for attending scheduled appointments, engaging in therapy, communicating respectfully, and informing the treating professional about circumstances or changes that affect your child's wellbeing and treatment. You are responsible for payment of the fees associated with the services we provide to your child.

You are responsible for knowing your parenting responsibilities and whether you are able to consent to health treatment on behalf of your child. You are responsible for notifying other adults with parental responsibility, and providing them with Made It Clinic Allied Health's contact details, so that they can participate in your child's treatment. If there are consent or parenting orders in place, you are responsible for providing them to Made It Clinic Allied Health.

Your Information

We collect, record, create, and communicate your personal information only when it is reasonably necessary to provide services to you. For example, we collect information such as your name, contact information, medical history, referrer details, and healthcare cards. We create case notes and reports.

We may communicate this information to referrers, such as your General Practitioner (GP), and stakeholders such as your case manager for insurance schemes. We keep your information securely and in confidence, in accordance with our Privacy Policy, which you can request to see. We use de-identified information, such as outcome measures, to help us with quality improvement. We only release your information when it required by law or safety, for example, to facilitate emergency service provision.

Some of our service delivery includes use of third-party products and services. We check that third-party providers' policies align with Australian health and privacy standards, or standards that are comparable to this. Third-party products include our email and communication platforms, clinic management software, assessment administration and scoring, notes transcription, and accounting software.

Fees, Payment, and Cancellation

We will usually tell you what the fees are when you book the appointment. Our full fee schedule is available on request or at www.madeitclinic.com.au/services.html. We charge cancellation fees for late cancellations (≤ 24 hours) if we cannot refill the spot. If 2 appointments are missed without prior notice, we will cancel future appointments. Rebooking will require management approval.

Research and Training

We conduct research and training for mental health**. If you are seeing a provisional psychologist or allied health assistant, their work must be overseen by a psychologist supervisor. They must use de-identified client cases for supervision and competency assessment.** Their supervisor must sit in on selected sessions or observe recordings of the sessions. Supervisors adhere to the same Code of Conduct, including confidentiality standards. If you would like to additionally allow us to use your information for training or research purposes, then you can consent to this below.

I have read and understood the information provided to me including the fees and cancellation policy. I agree to service provision for my child under these terms and conditions.

Additionally, I agree to the following:

AI notes transcription for case notes, for example, NovoNote.	☐ YES	☐ NO
De-identified information to be used for the purpose of:		
Training	☐ YES	☐ NO
Research	☐ YES	☐ NO
Audio-visual recording and/or transcription of my sessions to be used for the purpose of:		
Training	☐ YES	☐ NO
Research	☐ YES	☐ NO

I can revoke my consent at any time by letting staff know in writing. I can update my consent at any time by requesting and signing a new consent form.

PARENT NAME _____ SIGNATURE _____

CHILD NAME _____ DATE _____

Telehealth Consent Form

Where appropriate, telephone or videoconferencing can be used to provide psychological services. You are responsible for the costs of the technology you use to connect to phone and internet services. To access telehealth consultations, you will need access to a quiet, private space, and the appropriate device. This may include a smartphone, laptop, iPad, computer, with a camera, microphone and speakers; and a reliable broadband internet connection.

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information this practice uses Cliniko which is compliant with the Australian standards for online security and encryption.

If videoconference is unsuitable, or connection becomes unstable, your psychologist will contact you via telephone and make 1 attempt to re-engage. If contact is unable to be re-established, please call Made It Clinic Allied Health on 0413 676 689 and your communication will be returned during business hours as soon as possible.

Initial appointment

Paperwork must be completed two business days prior to your initial appointment. If your intake form is not completed within a reasonable time prior to your appointment, then we may not be able to provide the consultation.

Limitations of telehealth

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the session. In addition, there may be some services for which telehealth is not appropriate or effective. Your psychologist or allied health assistant will consider and discuss with you the appropriateness of ongoing telehealth sessions.

Crisis Services

Your telehealth psychologist or allied health assistant is not available outside of booked appointments. If you need to speak with someone outside of hours, Beyond Blue run a 24hr phone line with qualified counsellors (1300 22 4636). For alternatives, you can find services through Medicare Mental Health 1800 595 212 (8:30AM – 5:00PM). If your life is in imminent risk, please call 000

Consent to receive psychological services by telehealth

I have been provided with information about the service including the limitations to privacy and confidentiality. I agreed that in circumstances where the psychologist is concerned about my welfare and is unable to contact me, I give permission to contact nominated emergency contacts from Made It Clinic Allied Health or referrer sources.

I have read and understood the information on this Telehealth Consent Form and have discussed any outstanding questions with the practice/psychologist. I agree to the above conditions for telehealth psychological services to be provided by Made It Clinic Allied Health.

CLIENT NAME _____ SIGNATURE (or guardian's name and signature) _____

DATE _____

Third Party Consent

I give my permission for Made It Clinic Allied Health to obtain and provide information to the following sources for the purpose of providing psychological services to me. Where I cannot provide informed consent, my parent or adult who is able to provide consent on my behalf will do so:

Name	Position/ Organisation/ Relationship	Contact Details	Additional Information specific to consent

I can revoke my consent at any time by letting staff know in writing. I can update my consent at any time by requesting and signing a new consent form.

NAME _____ SIGNATURE _____

PARENT _____ SIGNATURE _____

DATE _____

Please complete this prior to attending with your child and bring this and other completed paperwork with you to the first session at Made It Clinic Allied Health.

If you don't know the information, or if you do not understand the question, leave the item blank.
☒ N/A = not applicable.

Client information

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 information

Name and contact details:

Relationship to child:

Other caregivers contact information

Please provide contact information for all other adults who are responsible and may need to be involved in the process of providing psychological care to this child.

Name and contact details:

Relationship to child:

Name and contact details:

Relationship to child:

Please let the psychologist know if there is a reason why any of the above contacts should not be used to co-ordinate the child's psychological care.

Presenting Issue

Briefly describe your main concern or reason for making an appointment

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

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?

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

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
- ☐ Natural causes and consequences
- ☐ Tell him/her you are disappointed
- ☐ Talk through thoughts and feelings
- ☐ Attention
- ☐ 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
- ☐ Other (specify):

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
- ☐ 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

Issue:	Service/approach:
Dates of support:	Number of sessions:
Outcome:	

Issue:	Service/approach:
Dates of support:	Number of sessions:
Outcome:	

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 or health supplements during the pregnancy? 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 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

Family history

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:

☐ 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 and 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:
Name:	Relationship:
Name:	Relationship:

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

School:	Year:
School:	Year:
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?

_____

Other stakeholders and influences

Who else is involved frequently with your child? What organizations/adults/peers/friends does your child come into frequent contact with? ☐ N/A

Name:	Role:	Influence: 😊 😐 ☹️
Name:	Role:	Influence: 😊 😐 ☹️
Name:	Role:	Influence: 😊 😐 ☹️
Name:	Role:	Influence: 😊 😐 ☹️
Name:	Role:	Influence: 😊 😐 ☹️
Name:	Role:	Influence: 😊 😐 ☹️

How many hours a week does your child engage in:

education/training? _____ ☐ N/A

volunteer and home activities? _____ ☐ N/A

leisure activities? _____ ☐ N/A

paid employment? _____ ☐ N/A

Any additional concerns or comments?

☐ No

Other information

Is there any other information you would like Made It Clinic Allied Health 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 Made It Clinic Allied Health would require additional information from your child's school to administer services? ☐ YES ☐ NO

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

Service improvement

How would you rate your contact with the Made it Clinic Allied Health 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 Made It Clinic Allied Health? ☐ YES ☐ NO

Thank you for your time in completing this form. This will reduce the amount of time gathering information during the first session. Please keep a copy of this completed intake form for your records.

Date: _____ **RCADS-P**

Name/ID: _____ **Relationship to Child:** _____

Please put a circle around the word that shows how often each of these things happens for your child.

1. My child worries about things	Never	Sometimes	Often	Always
2. My child feels sad or empty	Never	Sometimes	Often	Always
3. When my child has a problem, he/she gets a funny feeling in his/her stomach	Never	Sometimes	Often	Always
4. My child worries when he/she thinks he/she has done poorly at something	Never	Sometimes	Often	Always
5. My child feels afraid of being alone at home	Never	Sometimes	Often	Always
6. Nothing is much fun for my child anymore	Never	Sometimes	Often	Always
7. My child feels scared when taking a test	Never	Sometimes	Often	Always
8. My child worries when he/she thinks someone is angry with him/her.	Never	Sometimes	Often	Always
9. My child worries about being away from me	Never	Sometimes	Often	Always
10. My child is bothered by bad or silly thoughts or pictures in his/her mind	Never	Sometimes	Often	Always
11. My child has trouble sleeping	Never	Sometimes	Often	Always
12. My child worries about doing badly at school work	Never	Sometimes	Often	Always
13. My child worries that something awful will happen to someone in the family	Never	Sometimes	Often	Always
14. My child suddenly feels as if he/she can't breathe when there is no reason for this.	Never	Sometimes	Often	Always
15. My child has problems with his/her appetite	Never	Sometimes	Often	Always
16. My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	Never	Sometimes	Often	Always
17. My child feels scared to sleep on his/her own	Never	Sometimes	Often	Always
18. My child has trouble going to school in the mornings because of feeling nervous or afraid.	Never	Sometimes	Often	Always
19. My child has no energy for things	Never	Sometimes	Often	Always
20. My child worries about looking foolish	Never	Sometimes	Often	Always
21. My child is tired a lot	Never	Sometimes	Often	Always
22. My child worries that bad things will happen to him/her	Never	Sometimes	Often	Always
23. My child can't seem to get bad or silly thoughts out of his/her head.	Never	Sometimes	Often	Always

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24. When my child has a problem, his/her heart beats really fast	Never	Sometimes	Often	Always
25. My child cannot think clearly	Never	Sometimes	Often	Always
26. My child suddenly starts to tremble or shake when there is no reason for this	Never	Sometimes	Often	Always
27. My child worries that something bad will happen to him/her	Never	Sometimes	Often	Always
28. When My child has a problem, he/she feels shaky	Never	Sometimes	Often	Always
29. My child feels worthless	Never	Sometimes	Often	Always
30. My child worries about making mistakes	Never	Sometimes	Often	Always
31. My child has to think of special thoughts (like numbers or words) to stop bad things from happening	Never	Sometimes	Often	Always
32. My child worries what other people think of him/her	Never	Sometimes	Often	Always
33. My child is afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	Never	Sometimes	Often	Always
34. All of a sudden my child will feel really scared for no reason at all	Never	Sometimes	Often	Always
35. My child worries about what is going to happen	Never	Sometimes	Often	Always
36. My child suddenly becomes dizzy or faint when there is no reason for this	Never	Sometimes	Often	Always
37. My child thinks about death	Never	Sometimes	Often	Always
38. My child feels afraid if he/she have to talk in front of the class	Never	Sometimes	Often	Always
39. My child's heart suddenly starts to beat too quickly for no reason	Never	Sometimes	Often	Always
40. My child feels like he/she doesn't want to move	Never	Sometimes	Often	Always
41. My child worries that he/she will suddenly get a scared feeling when there is nothing to be afraid of	Never	Sometimes	Often	Always
42. My child has to do some things over and over again (like washing hands, cleaning, or putting things in a certain order)	Never	Sometimes	Often	Always
43. My child feels afraid that he/she will make a fool of him/herself in front of people	Never	Sometimes	Often	Always
44. My child has to do some things in just the right way to stop bad things from happening	Never	Sometimes	Often	Always
45. My child worries when in bed at night	Never	Sometimes	Often	Always
46. My child would feel scared if he/she had to stay away from home overnight	Never	Sometimes	Often	Always
47. My child feels restless	Never	Sometimes	Often	Always

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