



Confidential Client Registration
PLEASE NOTE WE ARE NOT A BULK-BILLING PRACTICE

Please complete this information form to help us determine how we may best assist you with our psychological services. Thank you.

DATE: _____ CLIENT/CHILD'S NAME: _____

ADDRESS: _____

SEX (M/F): _____ AGE: _____ D.O.B: _____ GUARDIAN: _____

MOTHER: _____ FATHER : _____

PHONE: _____ EMAIL ADDRESS: _____

MEDICARE DETAILS Number: _____ Expiry: _____

Child/Client Ref Number: _____ Parent/Claimant Ref Number: _____ Parent/Claimant DOB: _____

BANK DETAILS: Account Name: _____

BSB: _____ Account Number: _____

HOW DID YOU HEAR ABOUT THIS SERVICE: _____

REFERAL TYPE: Mental Health Care Plan: Y/N Enhanced Primary Care: Y/N

Workers Comp Y/N Other: _____

Health Insurance Fund: _____

SCHOOL/EMPLOYER: _____

PLEASE NOTE A REFERRAL LETTER WITHOUT MHCP DOES NOT QUALIFY FOR THE REBATE

NATURE OF YOUR ISSUE

What type of concern(s) do you have? (E.g. child behaviour, self-esteem, emotions, learning, relationships, parenting, family conflict, single or blended family adjustments, health-related, grief, trauma, etc).

(Circle) _____

How long have you had these concern(s)? _____

Have you seen anyone else about these issues and whom? _____

Successes achieved from this? _____

Additional information that may have bearing on this concern: _____

NAME OF PERSON RESPONSIBLE FOR THIS ACCOUNT? _____

Please Note: This practice operates on a fee for service basis payable on the day at the time of the visit.
If less than 24 hours is given for a cancellation a fee will be charged for the hour appointment unable to be back filled. Frequent cancellations at short notice may jeopardise opportunity for future bookings.

I understand that I am responsible for any fees incurred and that deferred payment will attract interest.

CLIENT OR GUARDIAN SIGNATURE: _____

*** Please provide photo I.D. (e.g., license) to verify your details*** OFFICE USE – I.D. Received

CANCELLATION POLICY

Fees for cancellation of appointments made will be billed for lost time where no replacement appointment occurs.

0-24 hours notice
24-48 hours notice

Full Fee
\$45 up to Full Fee

It is important that if you can't make your appointment to phone and reschedule as soon as possible as we are booked in advance. Short notice does not allow us to refill the appointment time and other clients to benefit from the missed appointment time.

PRACTICE PRIVACY POLICY

- Privacy laws in Australia regulate the way this psychological practice handles your personal information. This includes protecting the access to, storage of and disposal of confidential records.
- As a client, you have rights to confidentiality. Where the client is a child, an agreement will be made with them for the psychologist to report back to their guardian on general progress. An explanation will be given 'up front' to all clients, that the psychologist is obligated to breach confidentiality and tell a third party, if they disclose information that causes the psychologist to be concerned about their welfare or safety. The psychologist will endeavor to obtain the consent of the young person, or those unable to give voluntary consent, to direct their concern to the relevant party.
- 14years and older are deemed by the APS to have confidentiality upheld by the Psychologist.
- You are entitled to access personal information held about you as a current or past client.
- Records will be agreed upon via your signature and may be corrected by you.
- Informed written consent will be obtained from you, prior to sharing yours or your child's personal details with other organisations that share a legitimate professional interest in you or your child's welfare.
- The limits to client confidentiality are restricted where a court of law requests personal records and information.
- This service abides by the Australian Psychological Society's Code of Ethics and is unable to enter dual roles by providing professional services to close friends or relatives, its employees and supervisees.

Client/Parent's Signature_____

Printed Name_____

Psychologist's Signature_____ Date_____

REQUEST FOR SERVICE AUTHORITY FORM

These are the usual fees on requests and needs.
Please select the service required – can be modified as required.
To confirm your appointment, we require a booking deposit

Please tick (✓) the relevant services:

- \$50 Intake Deposit
- \$195 Initial Intake / Assessment
- \$45 Appointment Deposit
- \$175 Subsequent Counselling sessions
- \$50 School Reports on Children

Please note court reports are not provided as we work in a therapeutic role with children rather than parent's agenda. Please refrain from asking as refusal may offend.

I hereby request and authorise Kid Psykology Australia to provide the above service(s).

Signed: _____ **Date:** _____

A 50% deposit of \$_____ is required to commence **report(s)**.

Please complete the below. Your credit card will not be deducted without prior contact.

I authorise withdrawal from my credit card in the case of default on a full payment that deferred payment will attract interest.

NAME: _____ SIGNATURE: _____

Credit Card No: _____ Exp: ____/____ CVV: _____

Visa MasterCard Other _____

Kid Psykology Australia - Counseling Session Information: **(for all ages)!**

PLEASE READ PRIOR TO SESSION

*This psychology service offers general psychology to all ages, but has a special interest in **children** and their issues and how to best address them. In doing so, parent/carer support is frequently required and with specialist parenting background, Kerry is able to also consult with parents with strategies and to support them. School issues can also be addressed with the Kerry's school psychologist work.*

*Naturally **adults** also have challenges and benefit from similar models to children (but presented differently), to understand and gain: self-protection using boundaries; the dynamics of a situation and personalities involved; emotional stability; empowerment; and feel positive. Family of origin often feeds into adult issues and hence the inter relationship between childhood and adult mental health is evident.*

Session duration is 50 minutes inclusive of preparatory file reading and written session notes.

A typical intake session requires some structure to be effective and encompass the following areas. Emotional triggers can easily lead us to become bogged down during intake, but please assist the psychologist by trying to follow the structure and questions raised.

Intake Session-

Information-

Details of what brings you along.

Family context/relationships for a bigger picture.

Past relevant history.

Patterns around the issue/behaviour/emotions e.g., reacting to environments; people; or since a particular incident.

Outlining goals/outcomes-

Psychologist will assist to elicit specific outcomes/desires.

Care Plan-

Relevant strategies will be devised and compiled by the psychologist to address and meet the agreed outcomes.

Clarity-

The psychologist will summarise and provide insight/information regarding the issues and concerns raised.

Follow-up Sessions-

Kindly raise any 'urgent' or important issues first up in your counseling sessions. This allows time to be allocated to address this and the next client's appointment is not delayed as a result.



Director
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SHOULD COURT ORDERS APPLY...

PLEASE PROVIDE A COPY OF YOUR LATEST FAMILY COURT OR OTHER ORDERS AT INTAKE (IDEALLY).

Observing APS Ethics and Guidelines regarding young people, requires current upfront advice on any Family Court involvement. Please indicate the following in regards to parent rights and your child's situation:

- Ad hoc informal Parent agreement
- Parenting agreements through Court Mediation
- Full custody in one parents/carers home only
- Shared responsibility for decisions and care details e.g. 50/50; types of decisions
- Restraining Orders
- Other (describe)

Please outline any particulars regarding arrangements or Court Order the psychologist needs to be aware of:

Reports:

Should (both) parents seek intermittent or updated feedback via a report on your child, your rights will be noted but protective aspects apply (with the child as our client) however a fee will apply at approximately \$100 per report (time adjusted)

Parent and Child Rights

Depending on orders, please be mindful that both parents may have rights to access information on their child but not the details of the other parent. This limits file confidentiality, especially if a file is subpoenaed to court.

Without Orders, the contractual parent will usually have the authority to consent or not to release information.

Setting a Child In:

We welcome both parents to attend our service and be guided how to support their child. Parents may attend together/separately at intake, alternate bringing their child to appointments, or come occasionally. Then there are instances of one parent only attending. Children often want their parent in-session for the initial sessions, with the aim being to develop rapport, understand how sessions work, learning skills on articulating feelings and psycho education on healthy boundaries. It is then ideal if children can be left to express themselves and not feel influenced by parent presence.