

CLIENT INFORMATION FORM (CHILD)

Child's Name: _____ **DOB:** _____

Address: _____

_____ **Home Ph:** _____

	MOTHER'S DETAILS	FATHER'S DETAILS
NAME		
ADDRESS		
HOME PH		
MOBILE		
EMAIL		

Other Caregivers: _____

Emergency Contact: _____

People Residing in the Child's Primary Home (ie. where the child spends most time)

NAME	RELATIONSHIP TO CHILD	DATE OF BIRTH

Percentage of time child resides in primary home _____

People Residing in the Child's Secondary Home (ie. if applicable, another residence where the child lives)

NAME	RELATIONSHIP TO CHILD	DATE OF BIRTH

Percentage of time child resides in secondary home _____

Are there any orders relating to the child (eg. Family Court, Protection, Parenting Plans)? Yes / No

If yes, details _____

Are there any orders regarding Medical Appointments? Yes/ No Details _____

Do both parents consent to counselling for the child? Yes / No If no, why not? _____

Child's school/child care _____

Year level: _____ Contact Person: _____

GP Name/Address/Ph: _____

Any medical conditions or medications: _____

Does your child have a current Mental Health Plan from your GP for counselling? Yes /No

Medicare No: _____ Ref: _____ Expiry: _____

Please list main symptoms/concerns: _____

Goals for counselling: _____

Has your child had any counselling before? Yes /No

If yes, when and with whom? _____



Client Confidentiality & Agreement Form (Child/Adolescent/Family)

Confidentiality and Privacy

As part of providing a psychological service to you, we will need to collect and record personal information. All information and records regarding you will be kept strictly confidential. We will not release any information about you unless you give us written and signed consent to do so. There are some exceptions to this rule including:

1. If you were referred to us by a doctor or other professional helper, we will usually send a brief report to him or her. If you want to see that report before it is sent, or don't want a report sent, please let us know.
2. If you are involved in a court case and we appear on your behalf, or if we are subpoenaed to appear, we are legally required to answer all questions about you.
3. If you (or your children) indicate that you seriously intend to hurt or kill yourself or someone else, we must notify relevant authorities or potential helpers.
4. If there is a legal or social obligation to do so, we may disclose information to the relevant authorities about serious criminal acts.

It is important that children, especially adolescents, feel they have a safe space that they can speak freely about their thoughts, actions and feelings. Many children do not like to burden family members with problems or traumatic information. For minors under 18 years old we are required to keep parents/guardians informed of their child's *progress*, if they ask. However, we are not obliged to provide *details* of our discussions with children to their parents. This means we will give regular updates with parents/guardians about the broad themes that may emerge or about the goals of counselling. We will encourage children and adolescents to discuss important things that arise with their parents or if we feel that there are details parents should know about we will seek the child's permission to discuss them. It is okay to show you care by asking children how the counselling went, but allow children the choice to divulge as much or as little about the session as they are comfortable with by not probing for details.

Cancellations

Where possible, we appreciate at least 48hrs or more notice to change or cancel an appointment. Because we set aside an entire hour for you that cannot be filled at the last minute, **same day cancellations will incur a 50% cancellation fee. No shows will incur a 100% cancellation fee.** Cancellation fees are not claimable from Medicare or your private health fund. Repeated failure to provide proper notice may result in you not being offered any further appointments. To help you avoid cancellations fees we will send you an SMS appointment reminder the day before your scheduled appointment. However, as technology is never one hundred percent reliable, we suggest you set your own reminder systems as well. For your convenience, appointments can be cancelled or re-scheduled online at www.livewellnow.com.au if it is more than 24 hours before your scheduled appointment.

Parent Agreement:

I, (parent name) _____, parent/guardian of

(child's name) _____, have read and understood the information and agree to the conditions for the provision of psychological services by Live Well Now Psychology and Health Solutions Pty Ltd.

Signature _____ Date _____

Adolescent (13-18 years) Agreement:

I, (adolescent's name) _____ have read or had explained to me the above information. I understand and agree to these conditions for the psychological services provided by Live Well Now Psychology and Health Solutions Pty Ltd.

Signature _____ Date _____

SPENCE CHILDREN'S ANXIETY SCALE

Your Name:

Date:

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 am scared of the dark.....	Never	Sometimes	Often	Always
3.	When I have a problem, I get a funny feeling in my stomach.....	Never	Sometimes	Often	Always
4.	I feel afraid.....	Never	Sometimes	Often	Always
5.	I would feel afraid of being on my own at home.....	Never	Sometimes	Often	Always
6.	I feel scared when I have to take a test.....	Never	Sometimes	Often	Always
7.	I feel afraid if I have to use public toilets or bathrooms.....	Never	Sometimes	Often	Always
8.	I worry about being away from my parents.....	Never	Sometimes	Often	Always
9.	I feel afraid that I will make a fool of myself in front of people.....	Never	Sometimes	Often	Always
10.	I worry that I will do badly at my school work.....	Never	Sometimes	Often	Always
11.	I am popular amongst other kids my own age.....	Never	Sometimes	Often	Always
12.	I worry that something awful will happen to someone in my family.....	Never	Sometimes	Often	Always
13.	I suddenly feel as if I can't breathe when there is no reason for this.....	Never	Sometimes	Often	Always
14.	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
15.	I feel scared if I have to sleep on my own.....	Never	Sometimes	Often	Always
16.	I have trouble going to school in the mornings because I feel nervous or afraid.....	Never	Sometimes	Often	Always
17.	I am good at sports.....	Never	Sometimes	Often	Always
18.	I am scared of dogs.....	Never	Sometimes	Often	Always
19.	I can't seem to get bad or silly thoughts out of my head.....	Never	Sometimes	Often	Always
20.	When I have a problem, my heart beats really fast.....	Never	Sometimes	Often	Always
21.	I suddenly start to tremble or shake when there is no reason for this...	Never	Sometimes	Often	Always
22.	I worry that something bad will happen to me.....	Never	Sometimes	Often	Always
23.	I am scared of going to the doctors or dentists.....	Never	Sometimes	Often	Always
24.	When I have a problem, I feel shaky.....	Never	Sometimes	Often	Always
25.	I am scared of being in high places or lifts (elevators).....	Never	Sometimes	Often	Always

26.	I am a good person.....	Never	Sometimes	Often	Always
27.	I have to think of special thoughts to stop bad things from happening (like numbers or words).....	Never	Sometimes	Often	Always
28.	I feel scared if I have to travel in the car, or on a Bus or a train.....	Never	Sometimes	Often	Always
29.	I worry what other people think of me.....	Never	Sometimes	Often	Always
30.	I am afraid of being in crowded places (like shopping centres, the movies, buses, busy playgrounds).....	Never	Sometimes	Often	Always
31.	I feel happy.....	Never	Sometimes	Often	Always
32.	All of a sudden I feel really scared for no reason at all.....	Never	Sometimes	Often	Always
33.	I am scared of insects or spiders.....	Never	Sometimes	Often	Always
34.	I suddenly become dizzy or faint when there is no reason for this.....	Never	Sometimes	Often	Always
35.	I feel afraid if I have to talk in front of my class.....	Never	Sometimes	Often	Always
36.	My heart suddenly starts to beat too quickly for no reason.....	Never	Sometimes	Often	Always
37.	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.....	Never	Sometimes	Often	Always
38.	I like myself.....	Never	Sometimes	Often	Always
39.	I am afraid of being in small closed places, like tunnels or small rooms.	Never	Sometimes	Often	Always
40.	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
41.	I get bothered by bad or silly thoughts or pictures in my mind.....	Never	Sometimes	Often	Always
42.	I have to do some things in just the right way to stop bad things happening.....	Never	Sometimes	Often	Always
43.	I am proud of my school work.....	Never	Sometimes	Often	Always
44.	I would feel scared if I had to stay away from home overnight.....	Never	Sometimes	Often	Always
45.	Is there something else that you are really afraid of?.....	YES	NO		
	Please write down what it is _____				

	How often are you afraid of this thing?.....	Never	Sometimes	Often	Always

MOOD AND FEELINGS QUESTIONNAIRE: Long Version

This form is about how you might have been feeling or acting **recently**.

For each question, please check (✓) how you have been feeling or acting ***in the past two weeks***.

If a sentence was not true about you, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about you most of the time, check TRUE.

Score the MFQ as follows:

NOT TRUE = 0

SOMETIMES = 1

TRUE = 2

To code, please use a checkmark (✓) for each statement.	NOT TRUE	SOME TIMES	TRUE
1. I felt miserable or unhappy.			
2. I didn't enjoy anything at all.			
3. I was less hungry than usual.			
4. I ate more than usual.			
5. I felt so tired I just sat around and did nothing.			
6. I was moving and walking more slowly than usual.			
7. I was very restless.			
8. I felt I was no good anymore.			
9. I blamed myself for things that weren't my fault.			
10. It was hard for me to make up my mind.			
11. I felt grumpy and cross with my parents.			
12. I felt like talking less than usual.			
13. I was talking more slowly than usual.			
14. I cried a lot.			

Child Self-Report

15. I thought there was nothing good for me in the future.			
16. I thought that life wasn't worth living.			
17. I thought about death or dying.			
18. I thought my family would be better off without me.			
19. I thought about killing myself.			
20. I didn't want to see my friends.			
21. I found it hard to think properly or concentrate.			
22. I thought bad things would happen to me.			
23. I hated myself.			
24. I felt I was a bad person.			
25. I thought I looked ugly.			
26. I worried about aches and pains.			
27. I felt lonely.			
28. I thought nobody really loved me.			
29. I didn't have any fun in school.			
30. I thought I could never be as good as other kids.			
31. I did everything wrong.			
32. I didn't sleep as well as I usually sleep.			
33. I slept a lot more than usual.			