



Willow Tree Psychology and Wellbeing
Willow Tree Group PTY LTD – ACN: 650 566 564
Practice Address: 416 Magill Road
Kensington Gardens, South Australia, 5068
Postal Address: PO Box 2132
Magill North, South Australia, 5072
P: 8233 0828 **F:** 8180 1725
E: info@willowtreepsychology.com.au
W: www.willowtreepsychology.com.au

Client Information Form – Child/Youth (4-15YO)

Title: (please circle) Dr Mr Mrs Ms Master Miss Other _____
Last Name: _____ First Name _____ Middle Name: _____
Preferred Name: _____ Date of Birth ____/____/____
Sex: Male/Female/Intersex/Other: _____ Pronouns: _____
Do you identify as Aboriginal: Yes / No and/or Torres Strait Islander: Yes / No
Vaccinated: Flu - Yes / No Covid 19 - Yes / No Prefer not to answer
Home Address: _____
Suburb _____ State: _____ Postcode: _____
Postal Address: _____
Suburb _____ State: _____ Postcode: _____
Home No: _____ Mobile No: _____ Work No: _____
Email: _____
Text: Yes / No Email: Yes / No Can we leave a voicemail? Yes / No
How did you hear about our practice? _____

Medicare Card Number: _____ Number on Card: _____ Expiry: _____
DVA Number: _____ DVA Clinical Text: _____
Private Health Insurance: Yes / No Private Health Provider Name: _____
Private Health Insurance Card Number: _____ Number on Card: _____
Are you on a NDIS plan? Yes / No NDIS Number: _____
NDIS Self-Managed: Yes / No Plan Managed: Yes / No NDIA Managed Yes / No
(Please note, we are unable to accept payments through NDIA Managed - Portal plans)

Parent/Guardian

Last Name: _____ First Name _____ Middle Name: _____
Home No: _____ Mobile No: _____ Work No: _____
Email Address: _____
Text: Yes / No Email: Yes / No Can we leave a voicemail? Yes / No
Vaccinated: Flu - Yes / No Covid 19 - Yes / No Prefer not to answer
Address: _____
Suburb _____ State: _____ Postcode: _____
Medicare Card Number: _____ Number on Card: _____ Expiry: _____

Parent/Guardian

Last Name: _____ First Name _____ Middle Name: _____

Home No: _____ Mobile No: _____ Work No: _____
Email Address: _____
Text: Yes / No Email: Yes / No Can we leave a voicemail? Yes / No
Vaccinated: Flu - Yes / No Covid 19 - Yes / No Prefer not to answer
Address: _____
Suburb _____ State: _____ Postcode: _____
Medicare Card Number: _____ Number on Card: _____ Expiry: _____

Emergency Contact

Full Name: _____ Relationship to client: _____
Home No: _____ Mobile No: _____ Work No: _____
Email Address: _____
Address: _____
Suburb _____ State: _____ Postcode: _____
Text: Yes / No Email: Yes / No Can we leave a voicemail? Yes / No

Other Practitioners

GP Name: _____
Practice Address: _____
Phone: _____ Fax: _____ Email: _____
Specialist Name: _____
Practice Address: _____
Phone: _____ Fax: _____ Email: _____

Are there any court orders in place: Yes / No - (Please note: Each young person's parent/guardian can access/share information with the treating psychologist / mental health social worker, unless a court order is in place that specifically states that information is not to be shared with a particular person).

If yes, please specify: _____

I can confirm that all information above is accurate and correct.

_____	_____	_____
Signature (Parent / Guardian)	Name (Please Print)	Date
_____	_____	_____
Signature (Parent / Guardian)	Name (Please Print)	Date
_____	_____	_____
Signature (Child/Adolescent - 12yo & over)	Name (Please Print)	Date



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Client Consent Form – Child / Adolescent

Services

Here at Willow Tree Psychology and Wellbeing, we provide psychological, counselling and mental health interventions to children, adolescents, adults, older persons, and families. We provide an evidence-based therapeutic approach designed in collaboration with each person. As part of our psychological, counselling and mental health interventions, the psychologist and/or mental health social worker will be required to collect and record personal information from you that is relevant to your current situation/difficulties. Information can be collected in a number of ways, that may include face-to-face discussions, through the administration of formal tests, and through observations. If required, discussions with other health professionals and specialists can also be collected upon consent of the client or parent/guardian. We collect information in order to provide the best possible therapeutic approach for each individual.

Privacy and Confidentiality

All information, formal tests, and documentation collected by our Psychologists and Mental Health Social Workers at Willow Tree Psychology and Wellbeing is confidential and is only seen by the treating psychologist or Mental Health Social Worker, and when necessary by the principal Clinical Psychologist.

Our Psychologists and Mental Health Social Workers are required to retain documentation from each session to enable the Psychologist/Mental Health Social Worker to have an accurate account of each session and to provide relevant psychological or therapeutic services. All documentation is stored securely and only accessed by the treating Psychologist/Mental Health Social Worker at Willow Tree Psychology and Wellbeing.

Our administration team, are also bound by confidentiality. Our administration team will assist with bookings, phone calls, and inquiries received by email, fax or text. Files can be obtained by our administration team; in preparation for client sessions, however, they will have limited access to the documentation in the file. Our administration team will have access to and process the client information form and process payments. Our administration team will therefore have access to all the information on the client information form, which is used to make contact and communicate with clients. Our

administration team also receives GP faxes which are immediately placed in a client file, and fax GP letters securely. Our administration team do not have access to any client session notes, formal tests or other documentation collected.

Psychologists and Mental Health Social Workers are required to complete peer supervision and professional development as part of the requirements from the Psychology Board of Australia / Australian Association of Social Workers. During peer supervision, information regarding a client may be shared to another Psychologist/Mental Health Social Worker in order to obtain any guidance necessary to assist with the therapeutic approach or difficulty. The client's name is de-identified and only relevant information is discussed.

Apart from the special circumstances listed below no information will be released to others without your written consent;

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to
 - a. provide a written report to another professional or agency. E.g. a GP or a lawyer; or
 - b. discuss the material with another person, e.g. a parent or educator; or
 - c. if disclosure is otherwise required or authorised by law.

Please note, GP's require a review letter after 6 appointments, that documents summary of sessions. This is required in order for the GP to complete a mental health care plan review in order to access an additional 4 psychology sessions. For those on the NDIS, it is a requirement to provide a progress report at each review stage.

Admin Hours

Please note our admin hours are **Monday – Friday ~ 9.15am – 5.00pm**. Any phone calls or emails received outside of these times may go to voicemail. If so, please leave a message and our admin team will return your call / email / text as soon as possible.

Fees

Please visit <https://www.willowtreepsychology.com.au/Referrals-Fees/> for information regarding referral pathways. Please contact Willow Tree Psychology and Wellbeing on (08) 8233 0828 or info@willowtreepsychology.com.au for fee information.

Cancellation Policy

Please advise Willow Tree Psychology and Wellbeing of any changes to appointments or cancellations with 2 business days notice by phone or email or Cancellation fees may apply.

Emergency Contacts

Please note we are not an emergency service, our phones and emails are not constantly monitored. In an emergency situation please contact 000 for police/ambulance. Please find some other helpful emergency contacts below

Police or Ambulance - 000

In a mental health emergency call Mental Health Triage - 13 14 65

Lifeline - 13 11 14 or www.lifeline.org.au

Kids Helpline (5-25 years) - 1800 55 1800 or www.kidshelpline.com.au

Suicide call back service - 1300 659 467 or www.suicidecallbackservice.org.au

Parking

Parking is located at rear of the building, please visit our resources page on our website <http://willowtreepsychology.com.au/Resources/> for a detailed map of parking. We have 3 allocated car spaces as highlighted in yellow. The remainder of the car spaces can be used after 3pm and all-day Saturday. Please note, the Salvation Army store located next to our practice have stated that our clients cannot use their car spaces as they have reported they are a private property. Additional car parking can be found on the nearby side street – Orient Road.

Waiting Area

Upon arrival please report to our reception desk, at times our reception desk will be unattended. If unattended, please take a seat, and our Psychologists / Mental Health Social Workers will collect you at the commencement of your appointment.

Complaints/Feedback

Please direct any feedback or complaints to either treating clinician, Principal Psychologist (Rocco Luppino) or Practice Manager by phone, email or in person.

Provision of Client Consent

I have read all of the above information carefully and understand all information that is stated above and what is required of me/us

I understand that

Psychologists / Mental Health Social Workers of Willow Tree Psychology and Wellbeing provide psychological, counselling and therapeutic services to clients

All information collected will remain confidential, except for the circumstances as outlined above where confidentiality may be broken

Willow Tree Psychology and Wellbeing is not an emergency service, and our phones/emails are not continually monitored, but understand that I can seek assistance from other emergency contacts as listed above

Signature (Parent / Guardian)

Signature (Child / Adolescent 12yo+)

Name (Please Print)

Name (Please Print)

Date

Date