ANXIETY DISORDERS CLINIC

Assessment Referral and Registration

	crufad.org
\bowtie	crufad.admin@svha.org.au
昌	02 8382 1401

02 8382 1400

	PATIENT REFERRAL FOR	M – to be completed by GP	
Today's Date			
Patient Name			
Referred to Dr. M	lichael Millard, Anxiety Disorders Clinic –	St. Vincent's Hospital Sydney	
Referring doctor	details		
Name			
Provider Number	Cont	act Phone Number	
Email			
Practice Address			
Suburb		Postcode State	
Signature			
Referral Type			
	Assessment only	Assessment + Treatment (where indicated)	
	Clinician-to-clinician consultation	Medication review	
Reason for Refer	ral		

Treatment History	
Current Medications	
Medical History	

	PATIENT REGI	STRATION AI	ND CONSE	NT – to be	completed by p	atient		
Name								
Date of Birth			Country of B	Birth				
Medicare Number				Expiry			Position	
Gender	Male	Fema	ale	1	Non-binary	Pre	fer not to say	
Other Names								
Preferred Language				Do yo	ou require an Interp	reter?	Yes	No
Phone Number			Mobile Nu	ımber				
Email								
Address								
Suburb				Postcode		State		
Emergency Contact								
Relationship			Phone Nu	mber				
Patient Consent								
clinician is a registere	nent appointments with the ed Consultant Psychiatrist. chiatrist who rendered the	In this event, I						Yes
	of care, I give my permissio nic and my other care provi					mation betwe	een the	Yes
Clinical records held by the Anxiety Disorders Clinic at St. Vincent's Hospital Sydney may be used for quality assurance and research purposes. To ensure privacy, all data is de-identified for these purposes. Please let us know if you do not want your de-identified clinical records used in these ways. You may review our privacy policy here: svhs.org.au/privacy-policy								
I agree to the use of r	my de-identified clinical rec	ords for quality	/ assurance a	ind research	purposes.			
Signature				С	ate of Signature			
Demographic Information								
Indigenous Status	Aboriginal	Torres Stra	nit Islander	Abori	ginal and Torres Str	ait Islander	Nei	ther
Highest Educational	Secondary School Q	ualification	Trade	Certificate or	Apprenticeship			
Qualification	Tech or Advanced C	Certificate	Other (Other Certificate		Associate Diploma		
	Undergraduate Dipl	oma	Bache	lor's Degree		Master's or	Doctoral Deg	gree
Employment Status	mployment Status Full-time paid work		Part-time paid wor			Full-time student		
	Part-time student		At hom	At home parent		Unemployed		
	Registered sick/disa	abled	Retired	d				
Marital Status	Married		Dofoo	to.		Unemploye	d	
iviantai Status	Divorced		De fac			Never Marr		
	Divolocu		VVIUOW	cu		Never Mall	lou	

ABOUT THE ANXIETY DISORDERS CLINIC - to be read and acknowledged by patient

The Anxiety Disorders Clinic (ADC) is a treatment and research unit specialising in the assessment, treatment and management of adults with anxiety disorders. Our treatments involve Cognitive Behaviour Therapy (CBT). We DO NOT prescribe medications.

The ADC is part of the Clinical Research Unit for Anxiety and Depression (CRUfAD), a joint initiative between St. Vincent's Hospital Sydney and the University of New South Wales.

Suicide Call Back Service

1300 659 467

Emergency Services

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Please note, the ADC does NOT provide a crisis service. If you require urgent assistance and you cannot wait for us to return your contact, contact one of the following services:

Lifeline Australia

13 11 1/

Mental Health Line

1800 011 511

	1000 011 011		10 11 1		,00 000 101		
			lifeline.org.au su	<u>uicideca</u>	Ilbackservice.org.au	trip	lezero.gov.au
Refe	erral Criteria						
The A	nxiety Disorders Clinic provides an asses	sment	service under the following criteria	a. Please	select all which apply to you:		
I live in New South Wales (NSW)			I am aged 18+		I have a current Medicare card		
	I am seeking a brief, skills-based treatme	ent whi	ch teaches me how to manage my	y own diff	iculties		
	(If applicable) I am able to regularly attend a treatment program over the next 3-6 months Consider if: I have enough time, I do not have planned travel for extended periods, I am able to access the clinic either in-person at St. Vincent's Hospital Darlinghurst, by videoconference or telephone					t. Vincent's Hospital	
I may	have a diagnosis of:		Social phobia		Panic disorder		Agoraphobia
			Generalised Anxiety Disorder		Obsessive Compulsive Disorder		Specific phobia
			Illness Anxiety Disorder		Body Dysmorphic Disorder		I am not sure
Excl	usion Criteria						
There peopl	At your assessment, the clinician will determine if one of our treatment programs is likely to be suitable to you or if a different treatment may be more appropriate. There are many causes and factors that contribute to mood and anxiety symptoms. Please be aware that the ADC's treatment programs are not suitable for all people with these symptoms. Consumers presenting with the following problems/conditions may not be appropriate for the types of services available through the ADC and may need to be referred to other services. Please select all which apply to you:						
	I need immediate help for safety (e.g. dif	fficultie	s with self-harm or suicide)				
	I am currently in a hospital/residential fa	acility					
	I have a history of/current psychotic disc	order (e	.g. schizophrenia, schizoaffective	disorder,	other psychotic disorder)		
	I have a history of/current bipolar illness	;					
	I have a history of/current post-traumation	c stress	s disorder (PTSD), Complex PTSD,	or other t	rauma related difficulties		
	I am currently using illicit drugs (e.g. met	thamph	etamine, cocaine, heroin)				
	I am currently using above recommende	d levels	s of alcohol (>2 standard drinks pe	er day)			
	I am currently using sedative medications (e.g. Valium, Xanax)						
	I am currently using atypical anti-psychotic medications (e.g. Abilify, Zyprexa, Seroquel)						
	I require long-term therapy and support						
	I have problems controlling anger/aggression or have a history of violent behaviour						
	I have significant brain impairment (e.g. dementia or brain injury)						
	I have an autism spectrum disorder						
	I have attention deficit hyper-activity disorder (ADHD)						
	I am experiencing bereavement or complex grieving						
	I have previously found Cognitive Behaviour Therapy (CBT) unhelpful						
Dru	g and Alcohol Use						

Consumers who are referred to the service who are substance abusing/or dependent will be referred to drug and alcohol services. Consumers with a history of

substance abuse and/or dependence will only be offered treatment with the ADC following at least three (3) months abstinence.

Referral Process

- 1. When you contact the ADC you may get the option to leave a telephone message or send an email. A staff member will aim to contact you within five (5) business days. If you have not already done so you will be asked to complete this referral and registration form in full with the assistance of your General Practitioner (GP).
- 2. Referrals are reviewed at weekly ADC clinical meetings. If you fulfil the referral criteria and the team believe you may benefit from an assessment and possible treatment, you will be contacted to arrange an appointment time. As part of the assessment process you will be asked to complete some online questionnaires prior to your appointment.
- 3. If you do not meet the referral criteria (e.g. some exclusion criteria are relevant to you) you may not be offered an assessment. Alternative options may be suggested when possible and appropriate.
- 4. Initial assessment sessions are roughly fifty (50) minutes in duration.
- 5. Initial assessment sessions are directed interviews, they aim to understand your main difficulties and determine if you may benefit from the treatment programs provided. Assessments are not comprehensive or therapeutic.
- 6. The assessing doctor will recommend treatment options and send your GP a written report, generally within 2 to 4 weeks following assessment.
- 7. Treatments at the ADC are not suitable for all people, alternative treatment options may be discussed where possible and appropriate.

Clinic Information

ricas	se read the following information and commit your acknowledgement by ticking each box.
	There is a waiting list for assessments, typically 4-8 weeks. Wait times vary depending on demand for services.
	There is an additional waiting list for treatment programs, typically 2-6 weeks. Wait times vary depending on demand for services.
	All appointments are provided during business hours (Monday-Friday, 9:00am to 5:00pm).
	All treatment programs are structured and brief (typically 3-4 months, maximum 6 months).
	St. Vincent's Hospital is a teaching hospital, there may be student clinicians at your consultation/s.
	Treatment at the ADC occurs in a 'stepped' fashion, often starting with a trial of an online course from This Way Up and progressing to in-person/telehealth therapy as needed.
	Involvement in a treatment program requires regular review including completing health questionnaires.
	The ADC does not provide a crisis service.
	The ADC does not provide reports or letter of any kind (except to the referring GP, and never in medico-legal contexts).
	The ADC clinicians may confidentially discuss your treatment with other relevant hospital clinicians to support patient care (explicit written consent is required from the patient for sharing of their information with external clinicians).
	All services are funded through the NSW public health system or are bulk-billed through Medicare where applicable (with the exception of course access fees for some online programs).
	Further information can be found at <u>crufad.org</u>
	I have read and understood the above information