

## PATIENT REGISTRATION AND CONSENT – to be completed by patient

At the Anxiety Disorders Clinic we provide two types of clinical services. An assessment clinic for diagnostic opinion on specific anxiety disorders and treatment programs. All programs involve short-term psychological treatment with Cognitive-Behavioural Therapy with a clinician and/or via our online programs.

This is a specialised service, not everyone referred to the clinic will be offered an assessment. Everyone in NSW can request a free mental health assessment by contacting the Statewide Mental Health Access Line on 1800 011 511.

The Anxiety Disorders Clinic does not provide the following:

- Prescription of medications, including benzodiazepines
- Long-term psychological care
- Letters or reports for non-clinical purposes (court, NDIS, Centrelink, DSP applications and Worker's Compensation)

### Referral Criteria

The Anxiety Disorders Clinic provides an assessment service under the following criteria. 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 treatment which teaches me how to manage my own difficulties
- (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, or via Telehealth (video-conference call)

- I may have a diagnosis of:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Social phobia                | <input type="checkbox"/> Panic disorder                | <input type="checkbox"/> Agoraphobia     |
| <input type="checkbox"/> Generalised Anxiety Disorder | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Specific phobia |
| <input type="checkbox"/> Illness Anxiety Disorder     | <input type="checkbox"/> Body Dysmorphic Disorder      | <input type="checkbox"/> I am not sure   |

### Patient Details

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Medicare Number	<input type="text"/>	Expiry	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I use a different term (please specify) <input type="text"/>
Other Names	<input type="text"/>		
Preferred Language	<input type="text"/>	Do you require an Interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	<input type="text"/>	Mobile Number	<input type="text"/>
Email	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Emergency Contact	<input type="text"/>		
Relationship	<input type="text"/>	Phone Number	<input type="text"/>

### Patient Consent

To ensure continuity of care, I give my permission for confidential exchange of relevant personal health information between the Anxiety Disorders Clinic and my other care providers as nominated (e.g. GP, Psychologist, Case Manager).  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](http://svhs.org.au/privacy-policy)

I agree to the use of my de-identified clinical records for quality assurance and research purposes.  Yes

Signature  Date

Please attach relevant paperwork as necessary (e.g. discharge summary) and return this completed form to:

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### Demographic Information

Indigenous Status	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander	<input type="checkbox"/> Neither
Highest Education	<input type="checkbox"/> Primary/Secondary School	<input type="checkbox"/> Undergraduate Diploma Trade	<input type="checkbox"/> Bachelor's Degree	
	<input type="checkbox"/> Secondary School Qualification	<input type="checkbox"/> Certificate or Apprenticeship	<input type="checkbox"/> Tertiary or Associate Diploma	
	<input type="checkbox"/> Tech or Advanced Certificate	<input type="checkbox"/> Other Certificate	<input type="checkbox"/> Master's or Doctoral Degree	
Employment Status	<input type="checkbox"/> Full-time paid work	<input type="checkbox"/> Part-time paid work	<input type="checkbox"/> Full-time student	
	<input type="checkbox"/> Part-time student	<input type="checkbox"/> At home parent	<input type="checkbox"/> Unemployed	
	<input type="checkbox"/> Registered sick/disabled	<input type="checkbox"/> Retired		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> De facto	<input type="checkbox"/> Never Married	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		
I currently see a:	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Other	

Please provide details of your clinicians:

Please provide letters from your current clinicians describing the reasons they support your referral to the Anxiety Disorders Clinic as this helps care co-ordination.

I have enclosed a supporting letter from:  Psychologist  Psychiatrist  Other

### Exclusion Criteria

At your assessment, the clinician will determine if one of our treatment programs is suitable for you or if a different treatment may be more appropriate. There are many factors that contribute to anxiety symptoms.

The services available through the Anxiety Disorders Clinic may not be suitable for consumers presenting with the following problems/conditions. Please select all which apply to you:

<input type="checkbox"/> I need immediate help for safety (e.g. difficulties with self-harm or suicide)	<input type="checkbox"/> I am currently using atypical anti-psychotic medications (e.g. Abilify, Zyprexa, Seroquel)
<input type="checkbox"/> I am currently in a hospital/residential facility	<input type="checkbox"/> I require long-term therapy and support
<input type="checkbox"/> I have a history of/current psychotic disorder (e.g. schizophrenia, schizoaffective disorder, other psychotic disorder)	<input type="checkbox"/> I have problems controlling anger/aggression or have a history of violent behaviour
<input type="checkbox"/> I have a history of/current bipolar illness	<input type="checkbox"/> I have significant brain impairment (e.g. dementia or brain injury)
<input type="checkbox"/> I have a history of/current post-traumatic stress disorder (PTSD), Complex PTSD, or other trauma related difficulties	<input type="checkbox"/> I have an autism spectrum disorder
<input type="checkbox"/> I am currently using illicit drugs (e.g. methamphetamine, cocaine, heroin)	<input type="checkbox"/> I have attention deficit hyper-activity disorder (ADHD)
<input type="checkbox"/> I am currently using above recommended levels of alcohol (>2 standard drinks per day)	<input type="checkbox"/> I am experiencing bereavement or complex grieving
<input type="checkbox"/> I am currently using sedative medications (e.g. Valium, Xanax)	<input type="checkbox"/> I have previously found Cognitive Behaviour Therapy (CBT) unhelpful
	<input type="checkbox"/> I would like a medication-based treatment (not a psychological treatment)

Please attach relevant paperwork as necessary (e.g. discharge summary) and return this completed form to:

## Drug 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 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 business days. If you have not already done so you will be asked to complete this referral and registration form with your General Practitioner (GP) and other clinicians.
2. Referrals are reviewed at weekly ADC clinical meetings. If you fulfill 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 discussed with your GP.
4. Initial assessment sessions can be up to 90minutes in duration.
5. Initial assessment sessions are directed interviews, they aim to understand your main anxiety 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

Please read the following information and confirm your acknowledgment 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).
- The Anxiety Disorder Clinic does not provide ongoing psychiatry services or medication only treatments.
- 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 letters 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 (your explicit written consent is required for sharing 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 [crufad.org](http://crufad.org)  I have read and understood the above information

## Urgent Assistance

The ADC does not provide emergency or urgent care. Please contact the following for urgent assistance:

### Mental Health Line

1800 011 511

### Lifeline Australia

13 11 14

[lifeline.org.au](http://lifeline.org.au)

### Suicide Call Back Service

1300 659 467

[suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)

### Emergency Services

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[triplezero.gov.au](http://triplezero.gov.au)

Please attach relevant paperwork as necessary (e.g. discharge summary) and return this completed form to: