THE UNIVERSITY OF WESTERN AUSTRALIA

ROBIN WINKLER CLINIC
SCHOOL OF PSYCHOLOGICAL SCIENCE

Application Form - Adult

Which service are you primarily seeking (tick only one):

☐ Individual Therapy ☐ Depression Group ☐ BIIP (Blood Injection Injury Phobia Group)

☐ Mood Management Group ☐ Emotion Regulation Group ☐ Coping with COVID Anxiety

Contact/Referral Information

Name: ..... Today's date: ..... / ..... / .....

Address: .....

Email: .....

Phone 1: ..... Phone 2:.....

Best time to contact you: .....

☐ Please tick the box if you do not want us to leave a phone message
☐ Please tick the box if you do not want us to email you for administrative purposes

Times you are available for appointments: (Opening hours are Monday - Friday 8:30am - 5pm)

Monday: ..... Tuesday: ..... Wednesday: .....

Thursday: ..... Friday: .....

Demographic Information

What is your age? ..... What is your date of birth? ..... / ..... / .....

What is your gender? ☐ Male ☐ Female ☐ Gender not listed here

What is the highest level of education you achieved?

☐ No formal schooling ☐ Primary School ☐ Some High School

☐ Completed High School ☐ TAFE certificate ☐ Degree/Diploma

☐ Postgraduate degree ☐ Other: .....

Are you a student? ☐ No ☐ Yes If yes, where: .....

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Are you currently: ☐ Unemployed ☐ Employed Full-time ☐ Employed Part-time

If employed, what is position title and place of employment? .....

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What is your marital status? (Optional)

☐ Single ☐ Married ☐ Defacto ☐ Separated ☐ Divorced ☐ Widowed

Number of children: ..... Ages ..... (Optional)

Please list the names, ages and your relationship to each of the people that you currently live with: (Optional)

Name	Age	Relationship

Emergency Contact 1

Name: ..... Relationship to you: .....

Phone 1: ..... Phone 2:.....

Address: .....

Emergency Contact 2

Name: ..... Relationship to you: .....

Phone 1: ..... Phone 2:.....

Address: .....

Urgency of Treatment

Once we have received your application and it has been approved, your name will be entered in our waiting list and we will contact you as soon as a therapist becomes available. It would be helpful if you would indicate how urgently you perceive the need for service. **Please note, for very urgent needs and emergencies contact the Mental Health Emergency Team 1300 555 788**.

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Please describe your reasons for requesting services (be specific, if possible):

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Do you have any current suicidal thoughts? ☐ Yes ☐ No

Have you ever attempted suicide? ☐ Yes ☐ No

If yes, how many times_____(Optional), and when did your most recent attempt occur?

☐ Within the last month

☐ More than 1 month ago, but within the last year

☐ More than 1 year ago, but less than 5 years ago

☐ More than 5 years ago

☐ Prefer not to answer

Have you ever deliberately harmed yourself? ☐ Yes ☐ No

If yes, is this a current problem for you? ☐ Yes ☐ No

Mental Health History

Have you ever received psychological/psychiatric services prior to coming to our clinic?

☐ Yes ☐ No

Are you currently receiving psychological/psychiatric services?

☐ Yes ☐ No

If yes to either question, please give a brief statement outlining the nature of your treatment (i.e., the problem, what type of treatment, where/ when/ how long you received treatment)

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Medical History

Please list any major illnesses, surgeries and/or serious injuries that might be relevant to your presenting concern:

Illness / Injury / Surgery	Date

Please list current medications, usual dose and number of doses per day:

Medication	Dose	No. Doses/ Day

If there are any other medical or physical problems that you feel might be important to our ability to be of help to you, please explain here:

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Who is your current medical practitioner?

Name: .....

Practice Name: ..... Phone: .....

Address: .....

How did you find out about our services?

☐ Referred by a medical practitioner ☐ Brochure ☐ Through a friend

☐ Internet ☐ Other: .....

RWC Mailing Lists

The Robin Winkler Clinic offers a variety of group treatment programmes. Please indicate if you would like to be notified when the following groups are running:

☐ Worry Management ☐ Blood Injection/Injury Phobia (adult or adolescent)

☐ "Cool Kids" Anxiety Management ☐ Mood Management

☐ Other groups as they become available

Consent for Recording, Observation, and Research Participation

While attending The Robin Winkler Clinic I understand that:

1. A recording of each session will be made and used for approved Clinic training and research activities, and erased following that activity.

2. Like all modern clinics we collate, in an anonymous fashion, data provided by clients who attend the clinic. This is part of the routine evaluation of the activities of the Robin Winkler Clinic. The reason we do this is so that we can evaluate how effective our Clinic is and better understand the problems clients present with, how our treatments work and how they can be improved. When we collate this information, the data of each individual are grouped together with the data of other individuals and names and other identifying information are not included. The data we collect include clients' demographic information (e.g., age, gender, occupation), the names of the presenting problems (e.g., depression), and scores on the questionnaires asking about clients' personality and psychological symptoms. Your participation in this evaluation process is greatly appreciated.

3. In order to comply with the APS Code of Ethics and the University's Record Keeping Plan we are required to keep records for a minimum of seven years after last client contact.

4. The Clinic staff will safeguard your confidentiality and your relationship with the Clinic will not be revealed to anyone without your prior written consent. However, under certain conditions, the clinic may be legally or ethically obligated to release information. These exceptions are:

    a. if there is suspected abuse (physical, sexual or neglect) of children, the aged, or the disabled,

    b. if there is the possibility for the client to harm themselves (e.g., suicide) or others, if a client is thought to be a high risk of suicide, family and/or relevant treatment services may need to be notified to provide the appropriate care. In instances where a client threatens homicide we may have to notify the intended victim and police, or

    c. if a court-order compels us to release information.

If you have any questions about any of these procedures and wish to discuss them with a staff member, before you sign the consent form, please call the Clinic on 6488 2644.

If you are willing to participate in these routine activities then please sign the following.

I, ... have read and understood the foregoing information and agree to the conditions.

Signature: Date: ..... / ..... / .....

Please return this form to the Robin Winkler Clinic.

Email: clinic-sps@uwa.edu.au

Thank you