

New Client Enquiry

Congratulations and well done for making the first difficult step on your journey of wellbeing. We know it can be nerve wracking to do so and am so glad you have chosen us to help you through your journey.

This questionnaire is the first step to help us know best, how to best help you!

We know that each of our clients are unique and so too are our clinicians, each having completed different training in different areas and styles. The questions below are designed to match you with the appropriate clinician and ensure continuity of care.

If you would prefer to run through the following questions with our admin team, please email them at admin@mindmode.com.au or call them on 02 4288 4667 and ask to complete your questionnaire over the phone.

If these questions make you uncomfortable or feel like 'too much', not to worry! We can book you in with one of our clinicians regardless. They will do an 'initial consultation' and hopefully it all works! If not the information gained in that initial consult will help us to match you up with the right clinician for you!

You can also see a list of our clinicians on our website, along with a brief profile. Your wellbeing is our priority, so we want to make sure you have the best chance of finding the right fit for you. If you have already booked with us and have concerns regarding the appropriateness of your referral, please don't hesitate to contact our admin team, who are there to help.

We really look forward to meeting you and please don't hesitate in contacting our admin team for any questions.

This form will take approximately 5 minutes to complete, feel free to contact our team with any questions or concerns.

We look forward to hearing from you and meeting you,



The Mind Mode Team



Mind Mode Psychology & Wellness

t. 02 4288 4667 w. www.mindmode.com.au

e. admin@mindmode.com.au



Mind Mode acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters, and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present, and emerging.

Who is filling in this form?

- Myself (the client)
- Someone else

Details of person filling in form if not the client:

- Referrer
- Relative or carer
- Social worker or case manager
- Other

Name:

Organisation:

- This form has been filled out with the client present and with their collaboration.
- This form has been filled in without the client present but with their knowledge and permission

How did you hear about us?

Tell Us About You

Name:		Email:	
Pronouns:		Mobile:	
Names on legal documents:		Preferred clinician if applicable:	
Availability:	Mon: Tues: Wed: Thur: Fri:	Referral:	<input type="checkbox"/> Self referred <input type="checkbox"/> GP <input type="checkbox"/> NDIS <input type="checkbox"/> Open Arms <input type="checkbox"/> Victims Services <input type="checkbox"/> Workers Comp <input type="checkbox"/> Other: -----
Location of apts:	<input type="checkbox"/> Wollongong <input type="checkbox"/> Campbelltown <input type="checkbox"/> Telehealth		

Please select any of the following that apply to you to help us match you to a clinician who will meet your needs

- I have difficulty with sitting or standing for long periods
- I require wheelchair access
- I will be bringing a support animal
- I need appointments when Blossom (the Mind Mode puppy) is not in the office
- I currently utilise non-prescribed substances
- I have been admitted to the hospital for mental health in the past 12 months
- I am currently involved in legal proceedings or expect to become so
- I have been convicted of a violent offence in the last 5 years
- None of the above apply to me

Please select any of the following as the main reason(s) that you may be wanting to see a psychologist or counsellor:

ASD (Autism)	<input type="checkbox"/>	Substance use	<input type="checkbox"/>	To obtain a legal report	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	Addiction	<input type="checkbox"/>	Personality disorder	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Careers guidance	<input type="checkbox"/>	Anger management	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>	Childhood Sexual Abuse (CSA)	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	Assessment / Psychological testing	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	Childhood trauma	<input type="checkbox"/>	Sexual difficulties	<input type="checkbox"/>
Relationship difficulties	<input type="checkbox"/>	PTSD	<input type="checkbox"/>	Chronic pain	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	OCD	<input type="checkbox"/>	Chronic illness	<input type="checkbox"/>
Grief and loss	<input type="checkbox"/>	Sexual assault	<input type="checkbox"/>	Couples counselling	<input type="checkbox"/>
Self-harm and suicidal thoughts	<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

If applicable, please select any of the following as the main reason(s) that you may be wanting to see a dietitian:

Eating disorder	<input type="checkbox"/>	Gastro-intestinal distress	<input type="checkbox"/>	Weight gain/loss	<input type="checkbox"/>
Impacts of medication	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Vitamin and mineral deficiencies	<input type="checkbox"/>
Medication compliance	<input type="checkbox"/>	Allergies and intolerances	<input type="checkbox"/>	Coeliac disease	<input type="checkbox"/>
Bariatric surgery	<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	IBS	<input type="checkbox"/>
Other	<input type="checkbox"/>	-			

It would be helpful for me to have a clinician with special knowledge of the following (tick all that apply even if it is not your main presenting concern)

ASD	<input type="checkbox"/>	Gender & Identity	<input type="checkbox"/>	Cultural Diversity	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	Issues faced by the LGBTQIA+ community	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Neurodiversity (other)	<input type="checkbox"/>	Childhood trauma	<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>
Military Service	<input type="checkbox"/>	Family Separation	<input type="checkbox"/>	Parenting	<input type="checkbox"/>
Other	<input type="checkbox"/>	-			

Anything else you would like to add _____

All finished!

Thank you so much for filling in all this information, we know it can be tough to think about and overwhelming to try to explain, and we are so grateful that you have taken the time and connected with us.

Please now send the completed form to

admin@mindmode.com.au or fax it to **02 9049 5021**

Our admin team will contact you ASAP to say hello, welcome you to the team and book you in.

If you have any concerns you can always give us a call on **02 4288 4667**, our admin team are beautiful and kind humans who are there to help with any questions or worries.

See you soon!

The Mind Mode Team